

## Accreditation Document From the Lake Erie Correctional Institution

Attachment 1



# COMMISSION ON ACCREDITATION FOR CORRECTIONS

4380 Forbes Boulevard  
Lanham, Maryland 20706  
1-800-222-5646  
(301) 918-1835  
Fax: (301) 429-1724

September 22, 2001

## Executive Committee

Geno Natalucci-Persichetti, OH  
*Chair*

R. Daniel McGhee, SC  
*Vice Chair*

Mark Fitzgibbons, SC  
*Member-at-large*

Margaret Ghee, OH  
*Member-at-large*

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Rich Ganshemeir, Warden  
Lake Erie Correctional Institution  
501 Thompson Road  
Conneaut, Ohio 44030

Dear Warden Ganshemeir:

Congratulations!

It is a pleasure to officially inform you that the Lake Erie Correctional Institution was accredited by the 131st Congress of Correction on August 13, 2001, in Philadelphia, Pennsylvania.

Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of independent auditors.

Every profession strives to provide a high quality of service to society. To know that you, your staff, and other officials are complying with the requirements of the accreditation process is indeed a statement of a high level of commitment to the staff and persons under your care.

On behalf of the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession.

Sincerely,

Geno Natalucci-Persichetti, Chairman  
Commission on Accreditation  
for Corrections

## Staff

R. J. Verleyen  
*Director*

Michael Shannon  
*Assistant Director*

Diane Blumberg  
*Regional Manager*

Emily McGilton  
*Regional Manager*

Tricia Munley-Norris  
*Regional Manager*

Christine E. Powers  
*Regional Manager*

Kimberley L. Jefferson  
*Standards Associate*

cc: JoAnn Hoagland

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMPILED FINANCIAL STATEMENTS

December 31, 2000 and 1999



## Financial Statements

Attachment 2

COMPILED FINANCIAL STATEMENTS  
THE FIRST CORRECTIONAL MEDICAL COMPANIES  
DECEMBER 31, 2000 AND 1999

	<u>PAGE</u>
ACCOUNTANTS' COMPILATION REPORT	1
FINANCIAL STATEMENTS:	
COMBINED BALANCE SHEETS	2
COMBINED STATEMENTS OF OPERATIONS AND RETAINED EARNINGS	3
COMBINED STATEMENTS OF CASH FLOWS	4
NOTES TO COMBINED FINANCIAL STATEMENTS	5
SUPPLEMENTAL INFORMATION:	
COMBINING BALANCE SHEET – DECEMBER 31, 2000	9
COMBINING BALANCE SHEET – DECEMBER 31, 1999	10
COMBINING STATEMENT OF OPERATIONS – YEAR ENDED DECEMBER 31, 2000	11
COMBINING STATEMENT OF OPERATIONS – YEAR ENDED DECEMBER 31, 1999	12
COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES – YEAR ENDED DECEMBER 31, 2000	13
COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES – YEAR ENDED DECEMBER 31, 1999	14

ACCOUNTANTS' COMPILATION REPORT

Board of Directors  
The First Correctional Medical Companies  
Tucson, Arizona

We have compiled the accompanying combined balance sheets of the First Correctional Medical Companies as of December 31, 2000 and December 31, 1999 and the related combined statements of operations and retained earnings and cash flows for the years then ended, and the accompanying supplementary information on pages 9 through 14, which is presented only for supplementary purposes, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements and supplementary information that is the representation of the owners. We have not audited or reviewed the accompanying financial statements and supplementary information and, accordingly, do not express an opinion or any form of assurance on them.



LaVoie, Charvoz & May, P.C.  
Tucson, Arizona  
March 12, 2001

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED BALANCE SHEETS

	December 31,	
	2000	1999
<b>ASSETS</b>		
Current Assets:		
Cash	\$ 98,581	\$ 77,194
Accounts receivable	1,193,908	642,586
Investments (Note 2)	70,823	
Total Current Assets	1,363,312	719,780
Property and Equipment:		
Furniture	18,361	24,159
Equipment	70,898	40,405
Leasehold improvements	5,057	2,773
	94,316	67,337
Less accumulated depreciation	(44,649)	(29,585)
	49,667	37,752
Other Assets:		
Due from stockholder (Note 4)	314,898	260,785
Other	865	1,533
	315,763	262,318
<b>TOTAL ASSETS</b>	<b>\$ 1,728,742</b>	<b>\$ 1,019,850</b>
<b>LIABILITIES AND EQUITY</b>		
Current Liabilities:		
Accounts payable	\$ 447,002	\$ 410,783
Notes payable (Note 3)	291,424	283,955
Accrued payroll liabilities	100,283	318,109
Total Current Liabilities	838,709	1,012,847
Other Liabilities	6,795	
Total Liabilities	845,504	1,012,847
Equity:		
Common stock, no par value (Note 6):		
Tammy Y. Kastre, M.D., P.C.	1,000	1,000
First Correctional Medical, Inc.	1,000	1,000
First Correctional Medical Association	1,000	1,000
	3,000	3,000
Retained earnings	880,238	4,003
Total Equity	883,238	7,003
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 1,728,742</b>	<b>\$ 1,019,850</b>

See accompanying notes and accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED STATEMENTS OF OPERATIONS AND RETAINED EARNINGS

	Year Ended December 31,	
	2000	1999
Revenues:		
Contracts	\$ 9,700,069	\$ 4,668,190
Direct Costs:		
Wages	4,033,969	2,077,946
Payroll taxes	346,860	170,671
Employee benefits	147,457	74,455
Inmate care	1,170,065	780,053
Subcontractors	<u>1,901,238</u>	<u>902,478</u>
	<u>7,599,589</u>	<u>4,005,603</u>
Gross Profit	2,100,480	662,587
General and administrative expenses	<u>915,424</u>	<u>602,493</u>
Operating Income	1,185,056	60,094
Other Income (Expense):		
Interest income	23,015	10,751
Other	997	9,338
Interest expense	<u>(79,956)</u>	<u>(84,454)</u>
	<u>(55,944)</u>	<u>(64,365)</u>
Net Income (Loss)	1,129,112	(4,271)
Retained Earnings, at beginning of year	4,003	95,570
Stockholder distributions	<u>(252,877)</u>	<u>(87,296)</u>
Retained Earnings, at end of year	<u>\$ 880,238</u>	<u>\$ 4,003</u>

See accompanying notes and accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED STATEMENTS OF CASH FLOWS

	Year Ended December 31,	
	2000	1999
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net income (loss)	\$1,129,112	\$ (4,271)
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation	15,064	16,858
Changes in assets and liabilities:		
Accounts receivable	(551,322)	(360,516)
Other assets	668	783
Accounts payable	36,219	211,064
Accrued payroll liabilities	(217,826)	268,368
Other liabilities	6,795	
NET CASH PROVIDED BY OPERATING ACTIVITIES	418,710	132,286
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	(70,823)	
Purchases of property and equipment	(26,979)	(12,086)
Loans to stockholder - net	(54,113)	(100,580)
NET CASH USED FOR INVESTING ACTIVITIES	(151,915)	(112,666)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Payments on notes payable	(6,593,006)	(357,294)
Borrowings on notes payable	6,600,475	407,260
Stockholder distributions	(252,877)	(87,296)
NET CASH USED FOR FINANCING ACTIVITIES	(245,408)	(37,330)
Increase (Decrease) in cash	21,387	(17,710)
Cash at beginning of year	77,194	94,904
Cash at end of year	<u>\$ 98,581</u>	<u>\$ 77,194</u>
Cash paid for interest	<u>\$ 80,000</u>	<u>\$ 84,500</u>

See accompanying notes and accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2000 AND 1999

**Note 1 – Nature of Operations and Summary of Significant Accounting Policies**

The accompanying combined balance sheets and combined statements of operations and retained earnings and cash flows, referred to as "The First Correctional Medical Companies" (the Entity), include the accounts of First Correctional Medical – Ohio, LLC, First Correctional Medical, Inc., First Correctional Medical Association, and Tammy Y. Kastre, M.D., P.C., all of which are under common ownership and management and are related in their operations. First Correctional Medical – Ohio, LLC will cease to exist on December 31, 2050.

The individual companies were incorporated or organized in the States of Arizona, Texas and Ohio between 1995 and 2000 to provide medical services. A substantial portion of the Entity's business activities is with private prisons in the states of Arizona, Texas, Oklahoma, and Ohio.

The following is a summary of the more significant accounting policies and practices that affect significant elements of the accompanying combined financial statements:

Combination policy—Intercompany balances and transactions have been eliminated in combination.

Cash and cash equivalents—For the purpose of the combined statements of cash flows, the Entity considers all highly liquid cash investments purchased with an original maturity of three months or less from the date of purchase as cash equivalents.

The Entity has no policy requiring collateral or other security to support its deposits, although all deposits with banks are federally insured up to \$100,000 under FDIC protection. The Entity places its cash with high credit quality financial institutions and does not believe it is exposed to any significant credit risk on cash and cash equivalents.

Accounts receivable— The majority of accounts receivable is due from one customer. At December 31, 2000 approximately \$530,000 of receivables were being disputed by that customer. The Entity has filed a lawsuit against the customer subsequent to year end. It is the opinion of the legal counsel for the Entity that the amount will be fully collectible. Therefore, the allowance for doubtful accounts at December 31, 2000 and December 31, 1999 is \$0. It is reasonably possible that the allowance for doubtful accounts could change in the near term and be material. There was \$59,114 and \$87,536 in bad debt expense for years ended December 31, 2000 and 1999, respectively. The Entity has no policy requiring collateral or other security on its receivables.

Investments—All of the Entity's investments are considered available for sale and are stated at fair value. Realized gains and losses, determined using the first-in, first-out (FIFO) method, are included in earnings.

Property and equipment—Property and equipment is stated at cost. Depreciation is determined using straight line and accelerated methods at rates based on the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to expense as incurred.

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2000 AND 1999

**Note 1 – Nature of Operations and Summary of Significant Accounting Policies (Continued)**

Income taxes—The individual companies, with the consent of their stockholder and limited liability company member, have elected to be taxed as S corporations or partnerships under the Internal Revenue Code. Instead of these individual companies paying corporate or partnership income taxes, the stockholder and member are taxed individually on their proportionate share of taxable income. Accordingly, no provision or liability for Federal income taxes has been included in these combined financial statements related to these companies.

Revenue recognition—Revenue is earned when the contract billings are approved by the wardens at the respective prisons that the entity provides services for.

Use of estimates—The preparation of combined financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Note 2 – Investments**

Investments consist of the following at December 31, 2000:

Common stocks	\$ 69,447
Preferred stock	<u>1,376</u>
	<u>\$ 70,823</u>

There are no gross unrealized gains or losses at December 31, 2000 and 1999.

**Note 3 – Notes Payable**

Notes payable consist of the following at December 31, 2000 and 1999:

Banks—lines of credit		\$ 234,280
Finance Company—lines of credit	\$ 286,312	
Banks—credit cards	5,112	32,320
Individual	<u>          </u>	<u>17,355</u>
	<u>\$ 291,424</u>	<u>\$ 283,955</u>

Notes payable to banks—lines of credit at December 31, 1999 bear interest at rates ranging from 10.5% to 15% and are secured by real property and a personal guarantee of the sole stockholder. Notes payable to

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2000 AND 1999

**Note 3 – Notes Payable (Continued)**

finance company--lines of credit have an amount of \$212,600 to be drawn on as needed, subject to availability determined by a formula developed by the lender. The maximum amount can be increased or decreased in the future if certain conditions are met. Interest is payable monthly at prime plus 4% through March 2001, at which time all outstanding amounts will be due and payable unless the loan is renewed. The loan is collateralized by a first lien on substantially all of the assets of the company. Notes payable to banks--credit cards require minimum monthly payments based on the outstanding balances and bear interest at rates ranging from 13% to 18%. At December 31, 2000, there was approximately \$4,900 of credit available on the credit cards. The note payable to individual is payable in monthly installments of \$9,428 including interest at 51% and is secured by accounts receivable. The note payable to individual was paid in full in March of 2000.

**Note 4 – Related Party Transactions**

At December 31, 2000 and December 31, 1999 the Entity's sole stockholder owed the Entity \$314,898 and \$260,785, respectively. The loan bears interest at five percent, is due on demand and has no collateral. During 2000, \$109,945 and \$164,058 was paid and borrowed on the loan, respectively, and during 1999, \$62,197 and \$162,778 was paid and borrowed on the loan, respectively.

The Entity also leases its office space from the sole stockholder. The lease calls for monthly payments of \$4,000 and is renewed on an annual basis. For the years ended December 31, 2000 and 1999, total lease payments to the stockholder totaled \$48,000 each year.

**Note 5 – Major Customer Concentration and Concentration of Credit Risk**

The Entity maintains its cash accounts in two financial institutions in Tucson, Arizona. Accounts at each financial institution are insured by the FDIC up to \$100,000. At December 31, 2000 and 1999, the Entity's uninsured cash balances totaled approximately \$246,290 and \$0, respectively.

For the years ended December 31, 2000 and 1999, the Entity received substantially all of its revenue from two customers.

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2000 AND 1999

**Note 6 – Corporate Stock**

The following details corporate shares authorized, issued and outstanding for each corporation in the Entity at December 31, 2000 and 1999:

<u>Company</u>	<u>Authorized</u>	<u>Issued and Outstanding</u>
First Correctional Medical, Inc.	10,000	1,000
First Correctional Medical Association	10,000	1,000
Tammy Y. Kastre MD, PC	10,000	1,000

**Note 7– Pension Plan**

The Entity sponsors a 401(k) pension plan that covers substantially all employees. Employer contributions are discretionary. For the years ended December 31, 2000 and 1999, pension expense was \$11,305 and \$1,500, respectively.

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING BALANCE SHEET  
December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical, Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
<b>ASSETS</b>						
Current Assets:						
Cash	\$ 111	\$ 80,613	\$ 6,514	\$ 11,343		\$ 98,581
Due from affiliates		148,551		273,593	\$(422,144)	
Accounts receivable	4,912	644,212		544,784		1,193,908
Investments	15,000	55,823				70,823
Total Current Assets	20,023	929,199	6,514	829,720	(422,144)	1,363,312
Property and Equipment:						
Furniture	18,361					18,361
Equipment	55,979	13,465		1,454		70,898
Leasehold improvements	5,057					5,057
	79,397	13,465		1,454		94,316
Less accumulated depreciation	(36,420)	(7,794)		(435)		(44,649)
	42,977	5,671		1,019		49,667
Other Assets:						
Due from stockholder	378,989				(64,091)	314,898
Other		309	556			865
	378,989	309	556		(64,091)	315,763
TOTAL ASSETS	<u>\$441,989</u>	<u>\$ 935,179</u>	<u>\$ 7,070</u>	<u>\$ 830,739</u>	<u>\$(486,235)</u>	<u>\$1,728,742</u>
<b>LIABILITIES AND EQUITY</b>						
Current Liabilities:						
Accounts payable	\$ 270	\$ 216,733	\$ 133,571	\$ 96,428		\$ 447,002
Due to affiliates	378,540		43,604		\$(422,144)	
Notes payable	17,795	273,629				291,424
Due to stockholder		55,953	8,138		(64,091)	
Accrued payroll liabilities	11,206	54,416		34,661		100,283
Total Current Liabilities	407,811	600,731	185,313	131,089	(486,235)	838,709
Other Liabilities	6,795					6,795
Total Liabilities	414,606	600,731	185,313	131,089	(486,235)	845,504
Equity:						
Common stock, no par value:						
Tammy Y. Kastre, M.D., P.C.	1,000					1,000
First Correctional Medical, Inc.		1,000				1,000
First Correctional Medical Association			1,000			1,000
	1,000	1,000	1,000			3,000
Retained earnings (deficit)	26,383	333,448	(179,243)	699,650		880,238
Total Equity	27,383	334,448	(178,243)	699,650		883,238
TOTAL LIABILITIES AND EQUITY	<u>\$441,989</u>	<u>\$ 935,179</u>	<u>\$ 7,070</u>	<u>\$ 830,739</u>	<u>\$(486,235)</u>	<u>\$1,728,742</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING BALANCE SHEET  
December 31, 1999

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical, Inc.	First Correctional Medical Association	Eliminations	Total
<b>ASSETS</b>					
Current Assets:					
Cash	\$ 644	\$ 73,048	\$ 3,502		\$ 77,194
Due from affiliates		233,264	903	\$ (234,167)	
Accounts receivable	2,999	609,453	30,134		642,586
Total Current Assets	3,643	915,765	34,539	(234,167)	719,780
Property and Equipment:					
Furniture	18,361	5,798			24,159
Equipment	40,030	375			40,405
Leasehold improvements	2,773				2,773
	61,164	6,173			67,337
Less accumulated depreciation	(23,412)	(6,173)			(29,585)
	37,752				37,752
Other Assets:					
Due from stockholder	268,923			(8,138)	260,785
Other	112	515	906		1,533
	269,035	515	906	(8,138)	262,318
<b>TOTAL ASSETS</b>	<b>\$ 310,430</b>	<b>\$ 916,280</b>	<b>\$ 35,445</b>	<b>\$ (242,305)</b>	<b>\$ 1,019,850</b>
<b>LIABILITIES AND EQUITY</b>					
Current Liabilities:					
Accounts payable	\$ 254	\$ 259,560	\$ 150,969		\$ 410,783
Due to affiliates	234,167			\$ (234,167)	
Notes payable	44,830	235,752	3,373		283,955
Due to stockholder			8,138	(8,138)	
Accrued payroll liabilities	7,492	310,617			318,109
Total Current Liabilities	286,743	805,929	162,480	(242,305)	1,012,847
Equity:					
Common stock, no par value:					
Tammy Y. Kastre, M.D., P.C.	1,000				1,000
First Correctional Medical, Inc.		1,000			1,000
First Correctional Medical Association			1,000		1,000
	1,000	1,000	1,000		3,000
Retained earnings (deficit)	22,687	109,351	(128,035)		4,003
Total Equity	23,687	110,351	(127,035)		7,003
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 310,430</b>	<b>\$ 916,280</b>	<b>\$ 35,445</b>	<b>\$ (242,305)</b>	<b>\$ 1,019,850</b>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING STATEMENT OF OPERATIONS  
Year Ended December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Revenues:						
Contracts	\$ 3,960	\$ 7,402,025	\$ 73,254	\$ 2,220,830		\$ 9,700,069
Direct Costs:						
Wages		3,286,330	21,577	726,062		4,033,969
Payroll taxes		284,101	1,931	60,828		346,860
Employee benefits		130,241	582	16,634		147,457
Inmate care	1,643	874,754	32,694	260,974		1,170,065
Subcontractors	10,178	1,726,837	26,030	138,193		1,901,238
	<u>11,821</u>	<u>6,302,263</u>	<u>82,814</u>	<u>1,202,691</u>		<u>7,599,589</u>
Gross Profit	(7,861)	1,099,762	(9,560)	1,018,139		2,100,480
General and administrative expenses	<u>333,090</u>	<u>808,117</u>	<u>42,502</u>	<u>317,715</u>	<u>\$ (586,000)</u>	<u>915,424</u>
Operating Income (Loss)	(340,951)	291,645	(52,062)	700,424	586,000	1,185,056
Other Income (Expense):						
Interest income	20,215	2,800				23,015
Management fee income	586,000				(586,000)	
Other income		143	854			997
Interest expense	<u>(8,691)</u>	<u>(70,491)</u>		<u>(774)</u>		<u>(79,956)</u>
	<u>597,524</u>	<u>(67,548)</u>	<u>854</u>	<u>(774)</u>	<u>(586,000)</u>	<u>(55,944)</u>
Net Income (Loss)	<u>\$ 256,573</u>	<u>\$ 224,097</u>	<u>\$ (51,208)</u>	<u>\$ 699,650</u>	<u>\$ -</u>	<u>\$ 1,129,112</u>

See accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING STATEMENT OF OPERATIONS  
Year Ended December 31, 1999

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	Eliminations	Total
Revenues:					
Contracts	\$ 70,399	\$ 4,345,128	\$ 252,663		\$ 4,668,190
Direct Costs:					
Wages		1,995,042	82,904		2,077,946
Payroll taxes		163,607	7,064		170,671
Employee benefits		73,160	1,295		74,455
Inmate care		764,322	15,731		780,053
Subcontractors	13,543	832,280	56,655		902,478
	<u>13,543</u>	<u>3,828,411</u>	<u>163,649</u>		<u>4,005,603</u>
Gross Profit	56,856	516,717	89,014		662,587
General and administrative expenses	<u>346,890</u>	<u>462,453</u>	<u>129,150</u>	<u>\$ (336,000)</u>	<u>602,493</u>
Operating Income (Loss)	(290,034)	54,264	(40,136)	336,000	60,094
Other Income (Expense):					
Interest income	10,751				10,751
Management fee income	336,000			(336,000)	
Other income	3,584	519	5,235		9,338
Interest expense	<u>(20,847)</u>	<u>(62,786)</u>	<u>(821)</u>		<u>(84,454)</u>
	329,488	(62,267)	4,414	(336,000)	(64,365)
Net Income (Loss)	<u>\$ 39,454</u>	<u>\$ (8,003)</u>	<u>\$ (35,722)</u>	<u>\$ -</u>	<u>\$ (4,271)</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES  
Year Ended December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Accounting	\$ 4,105	\$ 28,173	\$ 1,312	\$ 1,522		\$ 35,112
Advertising	30	11,241		3,779		15,050
Amortization	338	206	350			894
Auto expenses	28,063					28,063
Bad debts	1,160	54,954	3,000			59,114
Bank charges	873	22,732		385		23,990
Business gifts	1,574	4,378		300		6,252
Commissions and fees	(10)	820	35	173		1,018
Depreciation	13,008	1,621		435		15,064
Dues and subscriptions	2,526	3,848		300		6,674
Education	669	7,000		328		7,997
Employee benefits	3,559					3,559
Grant expenses		17,200				17,200
Insurance	2,376	171,571		9,021		182,968
Legal	2,893	38,567	35	938		42,433
Licenses and fees	1,715	1,748	380			3,843
Management fees		300,000	36,000	250,000	\$ (586,000)	
Meals and entertainment	9,079	1,820		318		11,217
Medical library expense		656				656
Miscellaneous	6,562	6,671	20	1,015		14,268
Office expense	12,386	8,316		7,155		27,857
Penalties		17				17
Pension plan expense	1,305	10,000				11,305
Postage and delivery	1,733	5,947	64	813		8,557
Professional development	1,560	423				1,983
Printing	758	3,130				3,888
Rent	48,646	6,196		1,600		56,442
Repairs and maintenance	9,942			37		9,979
Payroll taxes	10,434					10,434
Supplies	141					141
Taxes other than income	1,001					1,001
Telephone	22,170	20,577		1,416		44,163
Training Expense		720				720
Travel	6,405	67,588	1,306	37,440		112,739
Uniforms	1,751	2,065				3,816
Utilities	3,026					3,026
Wages	133,312					133,312
Waste disposal		9,932		740		10,672
	<u>\$ 333,090</u>	<u>\$ 808,117</u>	<u>\$ 42,502</u>	<u>\$ 317,715</u>	<u>\$ (586,000)</u>	<u>\$ 915,424</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES  
Year Ended December 31, 1999

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	Eliminations	Total
Accounting	\$ 6,867	\$ 6,251	\$ 3,173		\$ 16,291
Advertising	368	5,038	38		5,444
Amortization	226	206	350		782
Auto expenses	9,110				9,110
Bad debts	11,428	10,085	66,023		87,536
Bank charges	626	4,010	208		4,844
Business gifts	169	1,853			2,022
Commissions and fees	198	45			243
Contributions	250				250
Depreciation	10,685	6,173			16,858
Dues and subscriptions	2,007	1,291	25		3,323
Education		6,580			6,580
Employee benefits	3,916				3,916
Insurance		56,966	7,462		64,428
Legal	4,878	6,943	1,239		13,060
Licenses and fees	680	1,733	35		2,448
Management fees		300,000	36,000	\$ (336,000)	
Meals and entertainment	5,447	2,688	79		8,214
Miscellaneous	1,862	2,001	80		3,943
Office expense	6,918	6,535			13,453
Penalties	824	2,405			3,229
Pension plan expense		1,500			1,500
Postage and delivery	718	1,196			1,914
Professional development	5,927	1,888			7,815
Relocation expense		380			380
Rent	48,000	3,962			51,962
Repairs and maintenance	510				510
Security	159				159
Payroll taxes	16,155				16,155
Telephone	21,558	8,161			29,719
Travel	5,609	19,833	14,438		39,880
Uniforms	2,472	139			2,611
Utilities	2,016				2,016
Wages	177,307				177,307
Waste disposal		4,591			4,591
	<u>\$ 346,890</u>	<u>\$ 462,453</u>	<u>\$ 129,150</u>	<u>\$ (336,000)</u>	<u>\$ 602,493</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMPILED FINANCIAL STATEMENTS

June 30, 2001 and December 31, 2000

COMPILED FINANCIAL STATEMENTS  
THE FIRST CORRECTIONAL MEDICAL COMPANIES  
JUNE 30, 2001 AND DECEMBER 31, 2000

	<u>PAGE</u>
ACCOUNTANTS' COMPILATION REPORT	1
FINANCIAL STATEMENTS:	
COMBINED BALANCE SHEETS	2
COMBINED STATEMENTS OF OPERATIONS AND RETAINED EARNINGS	3
COMBINED STATEMENTS OF CASH FLOWS	4
NOTES TO COMBINED FINANCIAL STATEMENTS	5
SUPPLEMENTAL INFORMATION:	
COMBINING BALANCE SHEET – JUNE 30, 2001	8
COMBINING BALANCE SHEET – DECEMBER 31, 2000	9
COMBINING STATEMENT OF OPERATIONS – SIX MONTHS ENDED JUNE 30, 2001	10
COMBINING STATEMENT OF OPERATIONS – YEAR ENDED DECEMBER 31, 2000	11
COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES – SIX MONTHS ENDED JUNE 30, 2001	12
COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES – YEAR ENDED DECEMBER 31, 2000	13

ACCOUNTANTS' COMPILATION REPORT

Board of Directors  
The First Correctional Medical Companies  
Tucson, Arizona

We have compiled the accompanying combined balance sheets of The First Correctional Medical Companies as of June 30, 2001 and December 31, 2000 and the related combined statements of operations, retained earnings and cash flows for the six months and year then ended, and the accompanying supplementary information on pages 8 through 13, which is presented only for supplementary purposes, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements and supplementary information that is the representation of management. We have not audited or reviewed the accompanying financial statements and supplementary information and, accordingly, do not express an opinion or any form of assurance on them.

*LaVoie, Charvoz & May, P.C.*

LaVoie, Charvoz & May, P.C.  
Tucson, Arizona  
July 25, 2001

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED BALANCE SHEETS

	June 30, 2001	December 31, 2000
ASSETS		
Current Assets:		
Cash	\$ 198,921	\$ 98,581
Accounts receivable	278,378	1,193,908
Notes receivable (effective rate 13%)	47,441	
Investments (Note 2)	80,907	70,823
Total Current Assets	605,647	1,363,312
Property and Equipment:		
Furniture	18,361	18,361
Equipment	72,728	70,898
Vehicles	1,000	
Leasehold improvements	5,057	5,057
	97,146	94,316
Less accumulated depreciation	(52,712)	(44,649)
	44,434	49,667
Other Assets:		
Due from stockholder (Note 4)		314,898
Other	587	865
	587	315,763
TOTAL ASSETS	\$ 650,668	\$ 1,728,742
LIABILITIES AND EQUITY		
Current Liabilities:		
Accounts payable	\$ 438,107	\$ 447,002
Accrued payroll liabilities	64,573	100,283
Notes payable (Note 3)	8,022	291,424
Due to stockholder (Note 4)	42,228	
Total Current Liabilities	552,930	838,709
Other Liabilities	6,389	6,795
Total Liabilities	559,319	845,504
Equity:		
Common stock (Note 6):		
Tammy Y. Kastre, M.D., P.C.	1,000	1,000
First Correctional Medical, Inc.	1,000	1,000
First Correctional Medical Association	1,000	1,000
	3,000	3,000
Retained earnings	88,349	880,238
Total Equity	91,349	883,238
TOTAL LIABILITIES AND EQUITY	\$ 650,668	\$ 1,728,742

See accompanying notes and accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED STATEMENTS OF OPERATIONS AND RETAINED EARNINGS

	Six Months Ended June 30, 2001	Year Ended December 31, 2000
Revenues:		
Contracts	\$ 1,951,680	\$ 9,700,069
Direct Costs:		
Wages	961,404	4,033,969
Payroll taxes	86,421	346,860
Employee benefits	38,926	147,457
Inmate care	338,811	1,170,065
Subcontractors	208,893	1,901,238
	<u>1,634,455</u>	<u>7,599,589</u>
Gross Profit	317,225	2,100,480
General and administrative expenses	<u>371,394</u>	<u>915,424</u>
Operating Income	(54,169)	1,185,056
Other Income (Expense):		
Interest income	6,099	23,015
Other income		997
Interest expense	<u>(7,232)</u>	<u>(79,956)</u>
	<u>(1,133)</u>	<u>(55,944)</u>
Net Income (Loss)	(55,302)	1,129,112
Retained Earnings, at beginning of period	880,238	4,003
Stockholder distributions	<u>(736,587)</u>	<u>(252,877)</u>
Retained Earnings , at end of period	<u>\$ 88,349</u>	<u>\$ 880,238</u>

See accompanying notes and accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED STATEMENTS OF CASH FLOWS

	Six Months Ended June 30, 2001	Year Ended December 31, 2000
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income (loss)	\$ (55,302)	\$1,129,112
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation	8,063	15,064
Changes in assets and liabilities:		
Accounts receivable	915,530	(551,322)
Other assets	278	668
Accounts payable	(8,895)	36,219
Accrued payroll liabilities	(35,710)	(217,826)
Other liabilities	(406)	6,795
NET CASH PROVIDED BY OPERATING ACTIVITIES	823,558	418,710
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(10,084)	(70,823)
Purchases of property and equipment	(2,830)	(26,979)
Loans made to others	(50,000)	
Repayments from loans to others	2,559	
Repayments from (loans to) stockholder - net	314,898	(54,113)
NET CASH PROVIDED BY (USED FOR) INVESTING ACTIVITIES	254,543	(151,915)
CASH FLOWS FROM FINANCING ACTIVITIES		
Loans from stockholder - net	42,228	
Payments on notes payable	(584,340)	(6,593,006)
Borrowings on notes payable	300,938	6,600,475
Stockholder distributions	(736,587)	(252,877)
NET CASH USED FOR FINANCING ACTIVITIES	(977,761)	(245,408)
Increase in cash	100,340	21,387
Cash at beginning of period	98,581	77,194
Cash at end of period	\$ 198,921	\$ 98,581
Cash paid for interest	\$ 7,200	\$ 80,000

See accompanying notes and accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2001 AND DECEMBER 31, 2000

**Note 1 – Nature of Operations and Summary of Significant Accounting Policies**

The accompanying combined balance sheets and combined statements of operations and retained earnings and cash flows, referred to as "The First Correctional Medical Companies" (the Entity), include the accounts of First Correctional Medical – Ohio, LLC, First Correctional Medical, Inc., First Correctional Medical Association, and Tammy Y. Kastre, M.D., P.C., all of which are under common ownership and management and are related in their operations. First Correctional Medical – Ohio, LLC will cease to exist on December 31, 2050.

The individual companies were incorporated or organized in the States of Arizona, Texas and Ohio between 1995 and 2000 to provide medical services. A substantial portion of the Entity's business activities is with private prisons in the states of Arizona, Texas, Oklahoma, and Ohio.

The following is a summary of the more significant accounting policies and practices that affect significant elements of the accompanying combined financial statements:

Combination policy—Intercompany balances and transactions have been eliminated in combination.

Cash and cash equivalents—For the purpose of the combined statements of cash flows, the Entity considers all highly liquid cash investments purchased with an original maturity of three months or less from the date of purchase as cash equivalents.

The Entity has no policy requiring collateral or other security to support its deposits, although all deposits with banks are federally insured up to \$100,000 under FDIC protection. The Entity places its cash with high credit quality financial institutions and does not believe it is exposed to any significant credit risk on cash and cash equivalents.

Accounts receivable—The majority of accounts receivable at December 31, 2000 was due from one customer. There was \$0 and \$59,114 in bad debt expense for the six months ended June 30, 2001 and the year ended December 31, 2000, respectively. The Entity has no policy requiring collateral or other security on its receivables.

Investments—All of the Entity's investments are considered available for sale and are stated at fair value. Realized gains and losses, determined using the first-in, first-out (FIFO) method, are included in earnings.

Property and equipment—Property and equipment is stated at cost. Depreciation is determined using straight line and accelerated methods at rates based on the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to expense as incurred.

Income taxes—The individual companies, with the consent of their stockholder and limited liability company member, have elected to be taxed as S corporations or partnerships under the Internal Revenue Code and respective state income tax law. Instead of these individual companies paying corporate or partnership income taxes, the stockholder and member are taxed individually on their proportionate share of taxable income. Accordingly, no provision or liability for income taxes has been included in these combined financial statements.

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2001 AND DECEMBER 31, 2000

**Note 1 – Nature of Operations and Summary of Significant Accounting Policies (Continued)**

Revenue recognition—Revenue is earned as services are provided.

Use of estimates—The preparation of combined financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Note 2 – Investments**

Investments consist of the following at June 30, 2001 and December 31, 2000:

Common stocks	\$ 79,531	\$ 69,447
Preferred stock	<u>1,376</u>	<u>1,376</u>
	\$ <u>80,907</u>	\$ <u>70,823</u>

There are no gross unrealized holding gains or losses at June 30, 2001 and December 31, 2000.

**Note 3 – Notes Payable**

Notes payable consists of the following at June 30, 2001 and December 31, 2000:

Finance Company—lines of credit	\$ 8,022	\$ 286,312
Banks—credit cards	<u>          </u>	<u>5,112</u>
	\$ <u>8,022</u>	\$ <u>291,424</u>

Notes payable to finance company—lines of credit have an amount of \$16,978 to be drawn on as needed. Interest is payable monthly at prime plus 4%. One of the lines of credit expired in March 2001 and has not been renewed. Notes payable to banks—credit cards require minimum monthly payments based on the outstanding balances and bear interest at 19.8%. At June 30, 2001 and December 31, 2000, respectively, there was approximately \$10,000 and \$4,900 of credit available on the credit cards.

**Note 4 – Related Party Transactions**

The Entity's sole owner from time to time lends money to and borrows money from the Entity. These loans bear interest at six percent, are due on demand and have no collateral. The Entity also leases its office space from the sole stockholder. The lease calls for monthly payments of \$4,000 and is renewed on an annual basis. For the six months ended June 30, 2001 and the year ended December 31, 2000, total lease payments to the stockholder totaled \$24,000 and \$48,000, respectively.

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2001 AND DECEMBER 31, 2000

**Note 5 – Major Customer Concentration and Concentration of Credit Risk**

For the six months ended June 30, 2001 and the year ended December 31, 2000, the Entity received substantially all of its revenue from two customers.

The Entity maintains its cash accounts in two financial institutions in Tucson, Arizona. Accounts at each financial institution are insured by the FDIC up to \$100,000. At June 30, 2001 and December 31, 2000, the Entity's uninsured cash balances totaled approximately \$94,100 and \$143,600, respectively.

**Note 6 – Common Stock**

The following details corporate shares authorized, issued and outstanding for each corporation (all at par value) in the Entity at June 30, 2001 and December 31, 2000:

<u>Company</u>	<u>Authorized</u>	<u>Issued and Outstanding</u>
First Correctional Medical, Inc.	10,000	1,000
First Correctional Medical Association	10,000	1,000
Tammy Y. Kastre MD, P.C.	10,000	1,000

**Note 7– Pension Plan**

The Entity sponsors a 401(k) pension plan that covers substantially all employees. Employer contributions are discretionary. For the six months ended June 30, 2001 and the year ended December 31, 2000, pension expense was \$13,842 and \$11,305, respectively.

**Note 8 – Subsequent Events**

Subsequent to June 30, 2001 a new company was formed "First Correctional Medical Company of Canada, LLC", which will be performing medical services in Canada. The company will begin operations on October 1, 2001. The company is one hundred percent owned by First Correctional Medical, Inc.

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING BALANCE SHEET  
June 30, 2001

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical, Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
<b>ASSETS</b>						
Current Assets:						
Cash	\$ 1,860	\$ 186,575		\$ 10,486		\$ 198,921
Accounts receivable	4,912			273,466		278,378
Notes receivable	47,441					47,441
Investments	<u>15,000</u>	<u>65,907</u>				<u>80,907</u>
Total Current Assets	69,213	252,482		283,952		605,647
Property and Equipment:						
Furniture	18,361					18,361
Equipment	57,809	13,465		1,454		72,728
Vehicles				1,000		1,000
Leasehold improvements	<u>5,057</u>					<u>5,057</u>
	81,227	13,465		2,454		97,146
Less accumulated depreciation	<u>(43,928)</u>	<u>(8,349)</u>		<u>(435)</u>		<u>(52,712)</u>
	37,299	5,116		2,019		44,434
Other Assets:						
Other		206	381			587
		206	381			587
TOTAL ASSETS	<u>\$ 106,512</u>	<u>\$ 257,804</u>	<u>\$ 381</u>	<u>\$ 285,971</u>		<u>\$ 650,668</u>
<b>LIABILITIES AND EQUITY</b>						
Current Liabilities:						
Accounts payable	\$ 3,038	\$ 70,367	\$ 140,154	\$ 224,548		\$ 438,107
Accrued payroll liabilities	16,128	6,550		41,895		64,573
Notes payable	8,022					8,022
Due to stockholder			<u>42,228</u>			<u>42,228</u>
Total Current Liabilities	27,188	76,917	182,382	266,443		552,930
Other Liabilities	<u>6,389</u>					<u>6,389</u>
Total Liabilities	33,577	76,917	182,382	266,443		559,319
Equity:						
Common stock, no par value:						
Tammy Y. Kastre, M.D., P.C.	1,000					1,000
First Correctional Medical, Inc.		1,000				1,000
First Correctional Medical Association			<u>1,000</u>			<u>1,000</u>
	1,000	1,000	1,000			3,000
Retained earnings (deficit)	<u>71,935</u>	<u>179,887</u>	<u>(183,001)</u>	<u>19,528</u>		<u>88,349</u>
Total Equity (Deficit)	<u>72,935</u>	<u>180,887</u>	<u>(182,001)</u>	<u>19,528</u>		<u>91,349</u>
TOTAL LIABILITIES AND EQUITY	<u>\$ 106,512</u>	<u>\$ 257,804</u>	<u>\$ 381</u>	<u>\$ 285,971</u>		<u>\$ 650,668</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING BALANCE SHEET  
December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical, Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
<b>ASSETS</b>						
Current Assets:						
Cash	\$ 111	\$ 80,613	\$ 6,514	\$ 11,343		\$ 98,581
Due from affiliates		148,551		273,593	\$ (422,144)	
Accounts receivable	4,912	644,212		544,784		1,193,908
Investments	15,000	55,823				70,823
Total Current Assets	20,023	929,199	6,514	829,720	(422,144)	1,363,312
Property and Equipment:						
Furniture	18,361					18,361
Equipment	55,979	13,465		1,454		70,898
Leasehold improvements	5,057					5,057
	79,397	13,465		1,454		94,316
Less accumulated depreciation	(36,420)	(7,794)		(435)		(44,649)
	42,977	5,671		1,019		49,667
Other Assets:						
Due from stockholder	378,989				(64,091)	314,898
Other		309	556			865
	378,989	309	556		(64,091)	315,763
<b>TOTAL ASSETS</b>	<b>\$441,989</b>	<b>\$ 935,179</b>	<b>\$ 7,070</b>	<b>\$ 830,739</b>	<b>\$ (486,235)</b>	<b>\$1,728,742</b>
<b>LIABILITIES AND EQUITY</b>						
Current Liabilities:						
Accounts payable	\$ 270	\$ 216,733	\$ 133,571	\$ 96,428		\$ 447,002
Due to affiliates	378,540		43,604		\$ (422,144)	
Accrued payroll liabilities	11,206	54,416		34,661		100,283
Notes payable	17,795	273,629				291,424
Due to stockholder		55,953	8,138		(64,091)	
Total Current Liabilities	407,811	600,731	185,313	131,089	(486,235)	838,709
Other Liabilities	6,795					6,795
Total Liabilities	414,606	600,731	185,313	131,089	(486,235)	845,504
Equity:						
Common stock, no par value:						
Tammy Y. Kastre, M.D., P.C.	1,000					1,000
First Correctional Medical, Inc.		1,000				1,000
First Correctional Medical Association			1,000			1,000
	1,000	1,000	1,000			3,000
Retained earnings (deficit)	26,383	333,448	(179,243)	699,650		880,238
Total Equity (Deficit)	27,383	334,448	(178,243)	699,650		883,238
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$441,989</b>	<b>\$ 935,179</b>	<b>\$ 7,070</b>	<b>\$ 830,739</b>	<b>\$ (486,235)</b>	<b>\$1,728,742</b>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING STATEMENT OF OPERATIONS  
Six Months Ended June 30, 2001

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Revenues:						
Contracts	\$ 1,250	\$ 325,395		\$ 1,625,035		\$ 1,951,680
Direct Costs:						
Wages		349,556		611,848		961,404
Payroll taxes		28,731	56	57,634		86,421
Employee benefits		13,486		25,440		38,926
Inmate care	130	39,428	1,562	297,691		338,811
Subcontractors		105,360		103,533		208,893
	<u>130</u>	<u>536,561</u>	<u>1,618</u>	<u>1,096,146</u>		<u>1,634,455</u>
Gross Profit	1,120	(211,166)	(1,618)	528,889		317,225
General and administrative expenses	<u>194,299</u>	<u>266,676</u>	<u>2,140</u>	<u>208,279</u>	<u>\$ (300,000)</u>	<u>371,394</u>
Operating Income (Loss)	(193,179)	(477,842)	(3,758)	320,610	300,000	(54,169)
Other Income (Expense):						
Interest income	737	5,362				6,099
Management fee income	300,000				(300,000)	
Interest expense	<u>(2,146)</u>	<u>(724)</u>		<u>(4,362)</u>		<u>(7,232)</u>
	<u>298,591</u>	<u>4,638</u>		<u>(4,362)</u>	<u>(300,000)</u>	<u>(1,133)</u>
Net Income (Loss)	<u>\$ 105,412</u>	<u>\$ (473,204)</u>	<u>\$ (3,758)</u>	<u>\$ 316,248</u>	<u>\$ -</u>	<u>\$ (55,302)</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING STATEMENT OF OPERATIONS  
Year Ended December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Revenues:						
Contracts	\$ 3,960	\$ 7,402,025	\$ 73,254	\$ 2,220,830		\$ 9,700,069
Direct Costs:						
Wages		3,286,330	21,577	726,062		4,033,969
Payroll taxes		284,101	1,931	60,828		346,860
Employee benefits		130,241	582	16,634		147,457
Inmate care	1,643	874,754	32,694	260,974		1,170,065
Subcontractors	10,178	1,726,837	26,030	138,193		1,901,238
	<u>11,821</u>	<u>6,302,263</u>	<u>82,814</u>	<u>1,202,691</u>		<u>7,599,589</u>
Gross Profit	(7,861)	1,099,762	(9,560)	1,018,139		2,100,480
General and administrative expenses	<u>333,090</u>	<u>808,117</u>	<u>42,502</u>	<u>317,715</u>	<u>\$ (586,000)</u>	<u>915,424</u>
Operating Income (Loss)	(340,951)	291,645	(52,062)	700,424	586,000	1,185,056
Other Income (Expense):						
Interest income	20,215	2,800				23,015
Management fee income	586,000				(586,000)	
Other income		143	854			997
Interest expense	<u>(8,691)</u>	<u>(70,491)</u>	<u>854</u>	<u>(774)</u>	<u>(586,000)</u>	<u>(79,956)</u>
	<u>597,524</u>	<u>(67,548)</u>	<u>854</u>	<u>(774)</u>	<u>(586,000)</u>	<u>(55,944)</u>
Net Income (Loss)	<u>\$ 256,573</u>	<u>\$ 224,097</u>	<u>\$ (51,208)</u>	<u>\$ 699,650</u>	<u>\$ -</u>	<u>\$ 1,129,112</u>

See accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES  
Six Months Ended June 30, 2001

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Accounting	\$ 3,056	\$ 16,794	\$ 890	\$ 2,400		\$ 23,140
Advertising		1,462		4,925		6,387
Amortization		103	175			278
Auto expenses	23,384	88				23,472
Bank charges	125	2,000		637		2,762
Business gifts	149	1,723				1,872
Commissions and fees	39	19				58
Contributions		250				250
Depreciation	7,508	555				8,063
Dues and subscriptions	1,488	1,258	35	195		2,976
Education		3,938		510		4,448
Employee benefits	2,240					2,240
Grant expenses		5,400				5,400
Insurance	1,100	(7,452)		3,799		(2,553)
Legal	2,137	12,589	1,040	1,305		17,071
Licenses and fees	1,881	45		310		2,236
Management fees		150,000		150,000	\$(300,000)	
Meals and entertainment	4,119	680		2,435		7,234
Medical library expense	72					72
Miscellaneous	1,417	3,462		2,662		7,541
Office expense	5,487	214		8,725		14,426
Penalties	27					27
Pension plan expense	681	8,256		4,905		13,842
Postage and delivery	895	1,918		663		3,476
Professional development		203				203
Printing	776	222		48		1,046
Rent	24,499			(427)		24,072
Repairs and maintenance	8,747	425		74		9,246
Research expense		10,000				10,000
Payroll taxes	6,095					6,095
Taxes other than income	1,001			1,501		2,502
Telephone	8,331	7,572		1,991		17,894
Travel	6,877	36,405		20,708		63,990
Uniforms	925	7,116				8,041
Utilities	2,348					2,348
Wages	78,895					78,895
Waste disposal		1,431		913		2,344
	<u>\$ 194,299</u>	<u>\$ 266,676</u>	<u>\$ 2,140</u>	<u>\$ 208,279</u>	<u>\$(300,000)</u>	<u>\$ 371,394</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES  
Year Ended December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Accounting	\$ 4,105	\$ 28,173	\$ 1,312	\$ 1,522		\$ 35,112
Advertising	30	11,241		3,779		15,050
Amortization	338	206	350			894
Auto expenses	28,063					28,063
Bad debts	1,160	54,954	3,000			59,114
Bank charges	873	22,732		385		23,990
Business gifts	1,574	4,378		300		6,252
Commissions and fees	(10)	820	35	173		1,018
Depreciation	13,008	1,621		435		15,064
Dues and subscriptions	2,526	3,848		300		6,674
Education	669	7,000		328		7,997
Employee benefits	3,559					3,559
Grant expenses		17,200				17,200
Insurance	2,376	171,571		9,021		182,968
Legal	2,893	38,567	35	938		42,433
Licenses and fees	1,715	1,748	380			3,843
Management fees		300,000	36,000	250,000	\$(586,000)	
Meals and entertainment	9,079	1,820		318		11,217
Medical library expense		656				656
Miscellaneous	6,562	6,671	20	1,015		14,268
Office expense	12,386	8,316		7,155		27,857
Penalties		17				17
Pension plan expense	1,305	10,000				11,305
Postage and delivery	1,733	5,947	64	813		8,557
Professional development	1,560	423				1,983
Printing	758	3,130				3,888
Rent	48,646	6,196		1,600		56,442
Repairs and maintenance	9,942			37		9,979
Payroll taxes	10,434					10,434
Supplies	141					141
Taxes other than income	1,001					1,001
Telephone	22,170	20,577		1,416		44,163
Training Expense		720				720
Travel	6,405	67,588	1,306	37,440		112,739
Uniforms	1,751	2,065				3,816
Utilities	3,026					3,026
Wages	133,312					133,312
Waste disposal		9,932		740		10,672
	<u>\$ 333,090</u>	<u>\$ 808,117</u>	<u>\$ 42,502</u>	<u>\$ 317,715</u>	<u>\$(586,000)</u>	<u>\$ 915,424</u>

See accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMPILED FINANCIAL STATEMENTS

December 31, 2001 and 2000

COMPILED FINANCIAL STATEMENTS  
THE FIRST CORRECTIONAL MEDICAL COMPANIES  
DECEMBER 31, 2001 AND 2000

	<u>PAGE</u>
ACCOUNTANTS' COMPILATION REPORT	1
FINANCIAL STATEMENTS:	
COMBINED BALANCE SHEETS	2
COMBINED STATEMENTS OF OPERATIONS AND RETAINED EARNINGS (DEFICIT)	3
COMBINED STATEMENTS OF CASH FLOWS	4
NOTES TO COMBINED FINANCIAL STATEMENTS	5
SUPPLEMENTAL INFORMATION:	
COMBINING BALANCE SHEET -- DECEMBER 31, 2001	8
COMBINING BALANCE SHEET -- DECEMBER 31, 2000	9
COMBINING STATEMENT OF OPERATIONS -- YEAR ENDED DECEMBER 31, 2001	10
COMBINING STATEMENT OF OPERATIONS -- YEAR ENDED DECEMBER 31, 2000	11
COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES -- YEAR ENDED DECEMBER 31, 2001	12
COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES -- YEAR ENDED DECEMBER 31, 2000	13

# CHARVOZ MAY & COMPANY, PC

*Certified Public Accountants - Business Consultants*

Charles L. Charvoz  
E. Joe May

Lynne A. Himmer  
Henry J. Fortino

## ACCOUNTANTS' COMPILATION REPORT

Board of Directors  
The First Correctional Medical Companies  
Tucson, Arizona

We have compiled the accompanying combined balance sheets of The First Correctional Medical Companies as of December 31, 2001 and 2000 and the related combined statements of operations and retained earnings (deficit) and cash flows for the years then ended, and the accompanying supplementary information on pages 8 through 13, which is presented only for supplementary purposes, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements and supplementary information that is the representation of management. We have not audited or reviewed the accompanying financial statements and supplementary information and, accordingly, do not express an opinion or any form of assurance on them.

*Charvoz May & Company, P.C.*

Charvoz May & Company, P.C.  
Tucson, Arizona  
February 4, 2002

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED BALANCE SHEETS

	December 31,	
	2001	2000
<b>ASSETS</b>		
Current Assets:		
Cash	\$ 131,214	\$ 98,581
Accounts receivable	536,014	1,193,908
Note receivable (effective rate 13%)	29,992	
Investments (Note 2)	82,052	70,823
Total Current Assets	779,272	1,363,312
Property and Equipment:		
Furniture	18,361	18,361
Equipment	74,613	70,898
Vehicles	47,031	
Leasehold improvements	5,057	5,057
	145,062	94,316
Less accumulated depreciation	(67,023)	(44,649)
	78,039	49,667
Other Assets:		
Due from stockholder (Note 4)		314,898
Other	309	865
	309	315,763
<b>TOTAL ASSETS</b>	<b>\$ 857,620</b>	<b>\$ 1,728,742</b>
<b>LIABILITIES AND EQUITY (DEFICIT)</b>		
Current Liabilities:		
Accounts payable	\$ 741,159	\$ 447,002
Accrued payroll liabilities	164,904	100,283
Notes payable (Note 3)	28,522	291,424
Due to stockholder (Note 4)	104,329	
Other current liabilities	11,946	
Total Current Liabilities	1,050,860	838,709
Other Liabilities	35,349	6,795
Total Liabilities	1,086,209	845,504
Equity (Deficit):		
Common stock (Note 6):		
Tammy Y. Kastre, M.D., P.C.	1,000	1,000
First Correctional Medical, Inc.	1,000	1,000
First Correctional Medical (Canada), Inc.	1,000	
First Correctional Medical Association	1,000	1,000
	4,000	3,000
Retained earnings (deficit)	(232,589)	880,238
Total Equity (Deficit)	(228,589)	883,238
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 857,620</b>	<b>\$ 1,728,742</b>

See accompanying notes and accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED STATEMENTS OF OPERATIONS AND RETAINED EARNINGS (DEFICIT)

	Year Ended December 31,	
	2001	2000
Revenues:		
Contracts	\$ 4,561,813	\$ 9,700,069
Direct Costs:		
Wages	2,211,377	4,033,969
Payroll taxes	171,665	346,860
Employee benefits	92,679	147,457
Inmate care	781,671	1,170,065
Subcontractors	320,854	1,901,238
	<u>3,578,246</u>	<u>7,599,589</u>
Gross Profit	983,567	2,100,480
General and administrative expenses	<u>982,628</u>	<u>915,424</u>
Operating Income	939	1,185,056
Other Income (Expense):		
Interest income	9,537	23,015
Other income	4,587	997
Interest expense	(16,477)	(79,956)
	<u>(2,353)</u>	<u>(55,944)</u>
Net Income (Loss)	(1,414)	1,129,112
Retained Earnings, at beginning of year	880,238	4,003
Stockholder distributions	<u>(1,111,413)</u>	<u>(252,877)</u>
Retained Earnings (Deficit), at end of year	<u>\$ (232,589)</u>	<u>\$ 880,238</u>

See accompanying notes and accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINED STATEMENTS OF CASH FLOWS

	Year Ended December 31,	
	2001	2000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net income (loss)	\$ (1,414)	\$1,129,112
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation	22,374	15,064
Changes in assets and liabilities:		
Accounts receivable	657,894	(551,322)
Other assets	556	668
Accounts payable	294,157	36,219
Accrued payroll liabilities	64,621	(217,826)
Other liabilities	40,500	6,795
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>1,078,687</b>	<b>418,710</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	(11,229)	(70,823)
Purchases of property and equipment	(50,745)	(26,979)
Loans made to others	(68,868)	
Repayments from loans to others	38,876	
Repayments from (loans to) stockholder - net	314,898	(54,113)
<b>NET CASH PROVIDED BY (USED FOR) INVESTING ACTIVITIES</b>	<b>222,932</b>	<b>(151,915)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Loans from stockholder - net	104,329	
Payments on notes payable	(647,717)	(6,593,006)
Issuance of capital stock	1,000	
Borrowings on notes payable	384,815	6,600,475
Stockholder distributions	(1,111,413)	(252,877)
<b>NET CASH USED FOR FINANCING ACTIVITIES</b>	<b>(1,268,986)</b>	<b>(245,408)</b>
 Increase in cash	 32,633	 21,387
Cash at beginning of period	98,581	77,194
Cash at end of period	<u>\$ 131,214</u>	<u>\$ 98,581</u>
Cash paid for interest	<u>\$ 16,500</u>	<u>\$ 80,000</u>

See accompanying notes and accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2001 AND 2000

**Note 1 – Nature of Operations and Summary of Significant Accounting Policies**

The accompanying combined balance sheets and combined statements of operations and retained earnings (deficit) and cash flows, referred to as "The First Correctional Medical Companies" (the Entity), include the accounts of First Correctional Medical – Ohio, LLC, First Correctional Medical, Inc., First Correctional Medical Association, First Correctional Medical (Canada), Inc. and Tammy Y. Kastre, M.D., P.C., all of which are under common ownership and management and are related in their operations. First Correctional Medical – Ohio, LLC will cease to exist on December 31, 2050.

The individual companies were incorporated or organized in the States of Arizona, Texas and Ohio between 1995 and 2000 to provide medical services. In 2001 another company was incorporated in Nova Scotia, Canada. A substantial portion of the Entity's business activities is with private prisons in the states of Arizona, Texas, Oklahoma, Ohio and Canada.

The following is a summary of the more significant accounting policies and practices that affect significant elements of the accompanying combined financial statements:

Combination policy—Intercompany balances and transactions have been eliminated in combination.

Cash and cash equivalents—For the purpose of the combined statements of cash flows, the Entity considers all highly liquid cash investments purchased with an original maturity of three months or less from the date of purchase as cash equivalents.

The Entity has no policy requiring collateral or other security to support its deposits, although all deposits with banks are federally insured up to \$100,000 under FDIC protection. The Entity places its cash with high credit quality financial institutions and does not believe it is exposed to any significant credit risk on cash and cash equivalents.

Accounts receivable—The majority of accounts receivable at December 31, 2001 and 2002 was due from one customer. There was \$0 and \$59,114 in bad debt expense for the years ended December 31, 2001 and 2000, respectively. The Entity has no policy requiring collateral or other security on its receivables.

Investments—All of the Entity's investments are considered available for sale and are stated at fair value. Realized gains and losses, determined using the first-in, first-out (FIFO) method, are included in earnings.

Property and equipment—Property and equipment is stated at cost. Depreciation is determined using straight line and accelerated methods at rates based on the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to expense as incurred.

Income taxes—The individual companies, with the consent of their stockholder and limited liability company member, have elected to be taxed as S corporations or partnerships under the Internal Revenue Code and respective state income tax law. Instead of these individual companies paying corporate or partnership income taxes, the stockholder and member are taxed individually on their proportionate share of taxable income. Accordingly, no provision or liability for income taxes has been included in these combined financial statements.

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2001 AND 2000

**Note 1 – Nature of Operations and Summary of Significant Accounting Policies (Continued)**

Revenue recognition—Revenue is earned as services are provided.

Use of estimates—The preparation of combined financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Note 2 – Investments**

Investments consist of the following at December 31:

	2001	2000
Common stocks	\$ 80,676	\$ 69,447
Preferred stock	<u>1,376</u>	<u>1,376</u>
	\$ <u>82,052</u>	\$ <u>70,823</u>

There are no gross unrealized holding gains or losses at December 31, 2001 and 2000.

**Note 3 – Notes Payable**

Notes payable consists of the following at December 31:

	2001	2000
Finance Company—lines of credit	\$ 28,522	\$ 286,312
Banks—credit cards	<u>          </u>	<u>5,112</u>
	\$ <u>28,522</u>	\$ <u>291,424</u>

Notes payable to finance company—lines of credit have an amount of \$90,632 to be drawn on as needed. Interest is payable monthly at 5.5% and prime plus 4%. One of the lines of credit expired in March 2001 and has not been renewed. Notes payable to banks—credit cards require minimum monthly payments based on the outstanding balances and bear interest at 19.8%. At December 31, 2001 and 2000, respectively, there was approximately \$10,000 and \$4,900 of credit available on the credit cards.

**Note 4 – Related Party Transactions**

The Entity's sole owner from time to time lends money to and borrows money from the Entity. These loans bear interest at six percent, are due on demand and have no collateral. The Entity also leases its office space from the sole stockholder. The lease calls for monthly payments of \$4,000 and is renewed on an annual basis. For the years ended December 31, 2001 and 2000, total lease payments to the stockholder totaled \$48,000 per year.

THE FIRST CORRECTIONAL MEDICAL COMPANIES  
NOTES TO COMBINED FINANCIAL STATEMENTS  
DECEMBER 31, 2001 AND 2000

**Note 5 – Major Customer Concentration and Concentration of Credit Risk**

For the years ended December 31, 2001 and 2000, respectively, the Entity received substantially all of its revenue from three customers.

The Entity maintains its cash accounts in two financial institutions in Tucson, Arizona and one in Ontario, Canada.. Accounts at each financial institution in the United States are insured by the FDIC up to \$100,000. At December 31, 2001 and 2000, the Entity's uninsured cash balances totaled approximately \$5,600 and \$143,600, respectively.

**Note 6 – Common Stock**

The following details corporate shares authorized, issued and outstanding for each corporation (all at no par value) in the Entity at December 31, 2001 and December 31, 2000:

<u>Company</u>	<u>Authorized</u>	<u>Issued and Outstanding</u>
First Correctional Medical, Inc.	10,000	1,000
First Correctional Medical Association	10,000	1,000
First Canadian Correctional Medical, Inc.	10,000	1,000
Tammy Y. Kastre MD, P.C.	10,000	1,000

**Note 7– Pension Plan**

The Entity sponsors a 401(k) pension plan that covers substantially all employees. Employer contributions are discretionary. For the years ended December 31, 2001 and December 31, 2000, pension expense was \$31,696 and \$11,305, respectively.

**Note 8 – Subsequent Events**

Subsequent to December 31, 2001 a new company was formed, "FCM-Tucson, LLC", which will be performing medical services in Arizona. The company will begin operations on March 1, 2002. It has signed a contract for services with Pima County which could pay up to \$ 15 million over three years. The company is one hundred percent owned by First Correctional Medical, Inc.

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING BALANCE SHEET

December 31, 2001

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical, Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	First Correctional Medical-Canada LLC	Eliminations	Total
<b>ASSETS</b>							
Current Assets:							
Cash	\$ 11,601	\$ 4,643	\$ 50,567	\$ 63,019	\$ 1,384		\$ 131,214
Due from affiliates					1,000	\$ (1,000)	
Accounts receivable	24,451			428,594	82,969		536,014
Note receivable	29,992						29,992
Investments	14,184	67,868					82,052
Total Current Assets	80,228	72,511	50,567	491,613	85,353	(1,000)	779,272
Property and Equipment:							
Furniture	18,361						\$ 18,361
Equipment	59,694	13,465		1,454			74,613
Vehicles				47,031			47,031
Leasehold improvements	5,057						5,057
	83,112	13,465		48,485			145,062
Less accumulated depreciation	(51,624)	(8,904)		(6,495)			(67,023)
	31,488	4,561		41,990			78,039
Other Assets:							
Other		103	206				309
		103	206				309
TOTAL ASSETS	\$ 111,716	\$ 77,175	\$ 50,773	\$ 533,603	\$ 85,353	\$ (1,000)	\$ 857,620
<b>LIABILITIES AND EQUITY (DEFICIT)</b>							
Current Liabilities:							
Accounts payable	\$ 9,875	\$ 87,974	\$ 139,071	\$ 440,652	\$ 63,587		\$ 741,159
Due to affiliates		\$ 1,000				\$ (1,000)	
Accrued payroll liabilities	22,778	29,566		94,148	18,412		164,904
Notes payable	2,462				26,060		28,522
Due to stockholder			104,329				104,329
Other current liabilities				11,946			11,946
Total Current Liabilities	35,115	118,540	243,400	546,746	108,059	(1,000)	1,050,860
Other Liabilities	5,901			29,448			35,349
Total Liabilities	41,016	118,540	243,400	576,194	108,059	(1,000)	1,086,209
Equity:							
Common stock, no par value:							
Tammy Y. Kastre, M.D., P.C.	1,000						1,000
First Correctional Medical, Inc.		1,000					1,000
First Correctional Medical (Canada), Inc.					1,000		1,000
First Correctional Medical Association			1,000				1,000
	1,000	1,000	1,000		1,000		4,000
Retained earnings (deficit)	69,700	(42,365)	(193,627)	(42,591)	(23,706)		(232,589)
Total Equity (Deficit)	70,700	(41,365)	(192,627)	(42,591)	(22,706)		(228,589)
TOTAL LIABILITIES AND EQUITY	\$ 111,716	\$ 77,175	\$ 50,773	\$ 533,603	\$ 85,353	\$ (1,000)	\$ 857,620

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING BALANCE SHEET  
December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical, Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
<b>ASSETS</b>						
Current Assets:						
Cash	\$ 111	\$ 80,613	\$ 6,514	\$ 11,343		\$ 98,581
Due from affiliates		148,551		273,593	\$(422,144)	
Accounts receivable	4,912	644,212		544,784		1,193,908
Investments	15,000	55,823				70,823
Total Current Assets	20,023	929,199	6,514	829,720	(422,144)	1,363,312
Property and Equipment:						
Furniture	18,361					18,361
Equipment	55,979	13,465		1,454		70,898
Leasehold improvements	5,057					5,057
	79,397	13,465		1,454		94,316
Less accumulated depreciation	(36,420)	(7,794)		(435)		(44,649)
	42,977	5,671		1,019		49,667
Other Assets:						
Due from stockholder	378,989				(64,091)	314,898
Other		309	556			865
	378,989	309	556		(64,091)	315,763
TOTAL ASSETS	<u>\$441,989</u>	<u>\$ 935,179</u>	<u>\$ 7,070</u>	<u>\$ 830,739</u>	<u>\$(486,235)</u>	<u>\$1,728,742</u>
<b>LIABILITIES AND EQUITY</b>						
Current Liabilities:						
Accounts payable	\$ 270	\$ 216,733	\$ 133,571	\$ 96,428		\$ 447,002
Due to affiliates	378,540		43,604		\$(422,144)	
Accrued payroll liabilities	11,206	54,416		34,661		100,283
Notes payable	17,795	273,629				291,424
Due to stockholder		55,953	8,138		(64,091)	
Total Current Liabilities	407,811	600,731	185,313	131,089	(486,235)	838,709
Other Liabilities	6,795					6,795
Total Liabilities	414,606	600,731	185,313	131,089	(486,235)	845,504
Equity:						
Common stock, no par value:						
Tammy Y. Kastre, M.D., P.C.	1,000					1,000
First Correctional Medical, Inc.		1,000				1,000
First Correctional Medical Association			1,000			1,000
	1,000	1,000	1,000			3,000
Retained earnings (deficit)	26,383	333,448	(179,243)	699,650		880,238
Total Equity (Deficit)	27,383	334,448	(178,243)	699,650		883,238
TOTAL LIABILITIES AND EQUITY	<u>\$441,989</u>	<u>\$ 935,179</u>	<u>\$ 7,070</u>	<u>\$ 830,739</u>	<u>\$(486,235)</u>	<u>\$1,728,742</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING STATEMENT OF OPERATIONS  
Year Ended December 31, 2001

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	First Correctional Medical-Canada Inc.	Eliminations	Total
Revenues:							
Contracts	\$ 1,250	\$ 326,395		\$ 4,099,182	\$ 134,986		\$ 4,561,813
Direct Costs:							
Wages		540,869		1,599,536	70,972		2,211,377
Payroll taxes		38,676	\$ 56	129,232	3,701		171,665
Employee benefits		18,170		74,509			92,679
Inmate care		41,644	1,562	708,295	30,170		781,671
Subcontractors	10,625	112,816		191,703	5,710		320,854
	<u>10,625</u>	<u>752,175</u>	<u>1,618</u>	<u>2,703,275</u>	<u>110,553</u>		<u>3,578,246</u>
Gross Profit	(9,375)	(425,780)	(1,618)	1,395,907	24,433		983,567
General and administrative expenses	<u>393,618</u>	<u>550,019</u>	<u>12,767</u>	<u>578,247</u>	<u>47,977</u>	<u>\$ (600,000)</u>	<u>982,628</u>
Operating Income (Loss)	(402,993)	(975,799)	(14,385)	817,660	(23,544)	600,000	939
Other Income (Expense):							
Interest income	3,295	5,980		262		(600,000)	9,537
Management fee income	600,000				35		4,587
Other income (expense)	(25,816)	30,368		(10,173)	(197)		(16,477)
Interest expense	<u>(4,233)</u>	<u>(1,874)</u>		<u>(9,911)</u>	<u>(162)</u>	<u>(600,000)</u>	<u>(2,353)</u>
	<u>573,246</u>	<u>34,474</u>					
Net Income (Loss)	\$ <u>170,253</u>	\$ <u>(941,325)</u>	\$ <u>(14,385)</u>	\$ <u>807,749</u>	\$ <u>(23,706)</u>	\$ -	\$ <u>(1,414)</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING STATEMENT OF OPERATIONS  
Year Ended December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Revenues:						
Contracts	\$ 3,960	\$ 7,402,025	\$ 73,254	\$ 2,220,830		\$ 9,700,069
Direct Costs:						
Wages		3,286,330	21,577	726,062		4,033,969
Payroll taxes		284,101	1,931	60,828		346,860
Employee benefits		130,241	582	16,634		147,457
Inmate care	1,643	874,754	32,694	260,974		1,170,065
Subcontractors	10,178	1,726,837	26,030	138,193		1,901,238
	11,821	6,302,263	82,814	1,202,691		7,599,589
Gross Profit	(7,861)	1,099,762	(9,560)	1,018,139		2,100,480
General and administrative expenses	333,090	808,117	42,502	317,715	\$ (586,000)	915,424
Operating Income (Loss)	(340,951)	291,645	(52,062)	700,424	586,000	1,185,056
Other Income (Expense):						
Interest income	20,215	2,800				23,015
Management fee income	586,000		854	(774)	(586,000)	997
Other income	(8,691)	143				(79,956)
Interest expense	597,524	(70,491)	854	(774)	(586,000)	(55,944)
		(67,548)				
Net Income (Loss)	\$ 256,573	\$ 224,097	\$ (51,208)	\$ 699,650	\$ -	\$ 1,129,112

See accountants' compilation report



THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES  
Year Ended December 31, 2001

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	First Correctional Medical-Canada LLC	Eliminations	Total
Accounting	\$ 3,268	\$ 29,132	\$ 890	\$ 4,857	\$ 728		\$ 38,875
Advertising	17	4,374		12,336	2,956.36		19,683
Amortization		206	350				556
Auto expenses	48,134	245		819	3,026		52,224
Bank charges	296	2,852		667	399		4,214
Business gifts	483	1,760		54			2,297
Commissions and fees	39	365			95		499
Contributions		250					250
Depreciation	15,204	1,110		6,060			22,374
Dues and subscriptions	3,213	4,892	35	390	65		8,595
Education		6,340		510			6,850
Employee benefits	4,837						4,837
Insurance	5,151	(8,491)		141,718			138,378
Legal	3,667	23,780	11,492	8,827	10,375		58,141
Licenses and fees	2,845	1,376		847	896		5,964
Management fees		300,000		300,000		\$ (600,000)	
Meals and entertainment	7,688	2,372		3,028			13,088
Medical library expense	72	73					145
Miscellaneous	2,693	8,741		2,722	16		14,172
Office expense	17,884	2,157		16,985	724		37,750
Penalties	60						60
Pension plan expense	1,371	17,536		12,789			31,696
Postage and delivery	1,095	4,477		1,584	1,503		8,659
Professional development		725					725
Printing	917	1,462		48			2,427
Rent	48,000			8,480	527		57,007
Repairs and maintenance	14,085	425		(265)			14,245
Research expense		15,446					15,446
Payroll taxes	11,898						11,898
Taxes other than income	1,001			2,590	119		3,710
Telephone	17,238	22,325		6,661	1,905		48,129
Travel	15,525	89,253		44,341	24,191		173,310
Uniforms	2,729	15,405			451		18,585
Utilities	4,503						4,503
Wages	159,705						159,705
Waste disposal		1,431		2,199			3,630
	<u>\$ 393,618</u>	<u>\$ 550,019</u>	<u>\$ 12,767</u>	<u>\$ 578,247</u>	<u>\$ 47,977</u>	<u>\$ (600,000)</u>	<u>\$ 982,628</u>

See accountants' compilation report

THE FIRST CORRECTIONAL MEDICAL COMPANIES

COMBINING SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES  
Year Ended December 31, 2000

	Tammy Y. Kastre, M.D., P.C.	First Correctional Medical Inc.	First Correctional Medical Association	First Correctional Medical - Ohio, LLC	Eliminations	Total
Accounting	\$ 4,105	\$ 28,173	\$ 1,312	\$ 1,522		\$ 35,112
Advertising	30	11,241		3,779		15,050
Amortization	338	206	350			894
Auto expenses	28,063					28,063
Bad debts	1,160	54,954	3,000			59,114
Bank charges	873	22,732		385		23,990
Business gifts	1,574	4,378		300		6,252
Commissions and fees	(10)	820	35	173		1,018
Depreciation	13,008	1,621		435		15,064
Dues and subscriptions	2,526	3,848		300		6,674
Education	669	7,000		328		7,997
Employee benefits	3,559					3,559
Grant expenses		17,200				17,200
Insurance	2,376	171,571		9,021		182,968
Legal	2,893	38,567	35	938		42,433
Licenses and fees	1,715	1,748	380			3,843
Management fees		300,000	36,000	250,000	\$ (586,000)	
Meals and entertainment	9,079	1,820		318		11,217
Medical library expense		656				656
Miscellaneous	6,562	6,671	20	1,015		14,268
Office expense	12,386	8,316		7,155		27,857
Penalties		17				17
Pension plan expense	1,305	10,000				11,305
Postage and delivery	1,733	5,947	64	813		8,557
Professional development	1,560	423				1,983
Printing	758	3,130				3,888
Rent	48,646	6,196		1,600		56,442
Repairs and maintenance	9,942			37		9,979
Payroll taxes	10,434					10,434
Supplies	141					141
Taxes other than income	1,001					1,001
Telephone	22,170	20,577		1,416		44,163
Training Expense		720				720
Travel	6,405	67,588	1,306	37,440		112,739
Uniforms	1,751	2,065				3,816
Utilities	3,026					3,026
Wages	133,312					133,312
Waste disposal		9,932		740		10,672
	<u>\$ 333,090</u>	<u>\$ 808,117</u>	<u>\$ 42,502</u>	<u>\$ 317,715</u>	<u>\$ (586,000)</u>	<u>\$ 915,424</u>

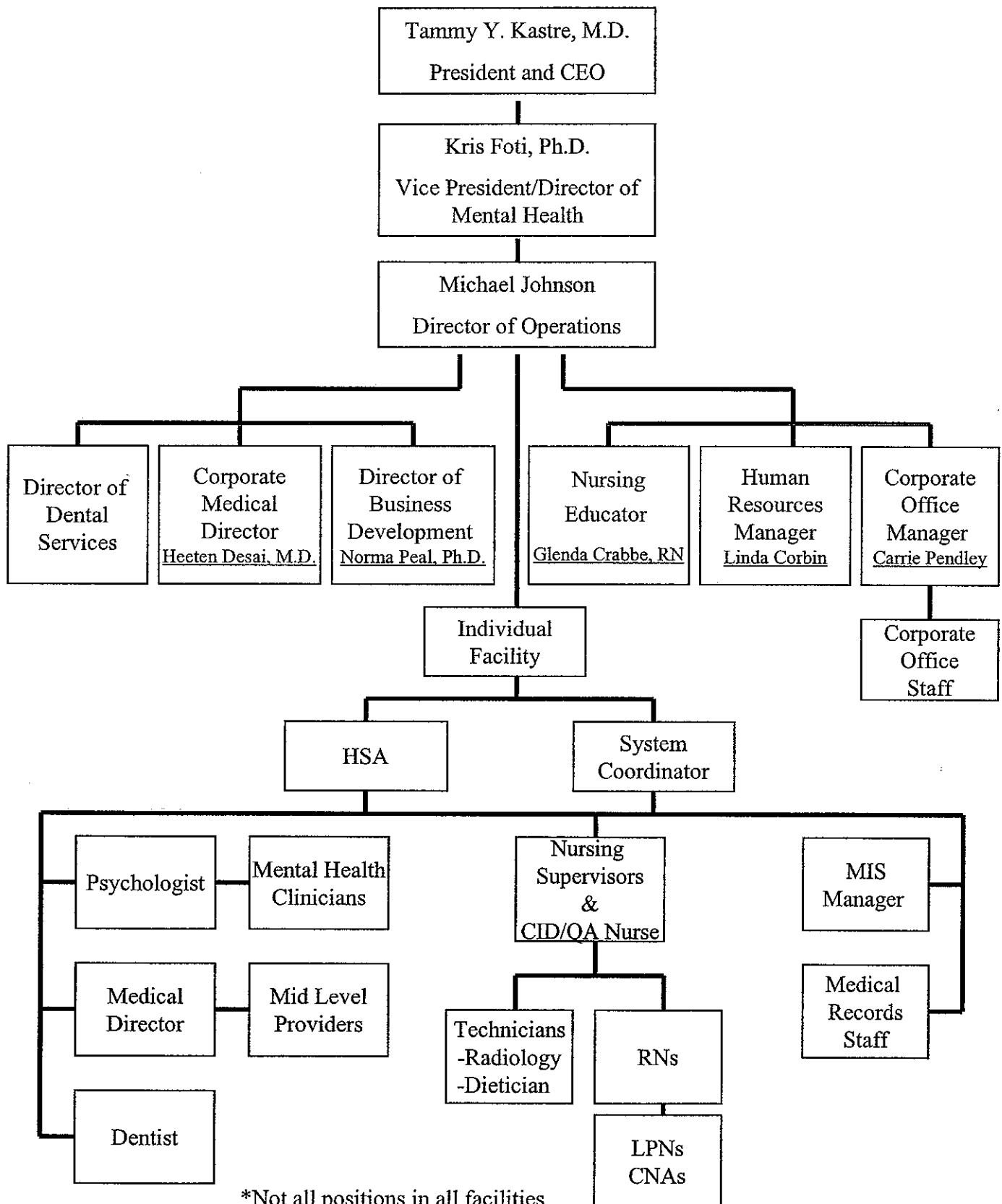
See accountants' compilation report



## Organizational Charts

# FIRST CORRECTIONAL MEDICAL CORPORATE ORGANIZATIONAL CHART

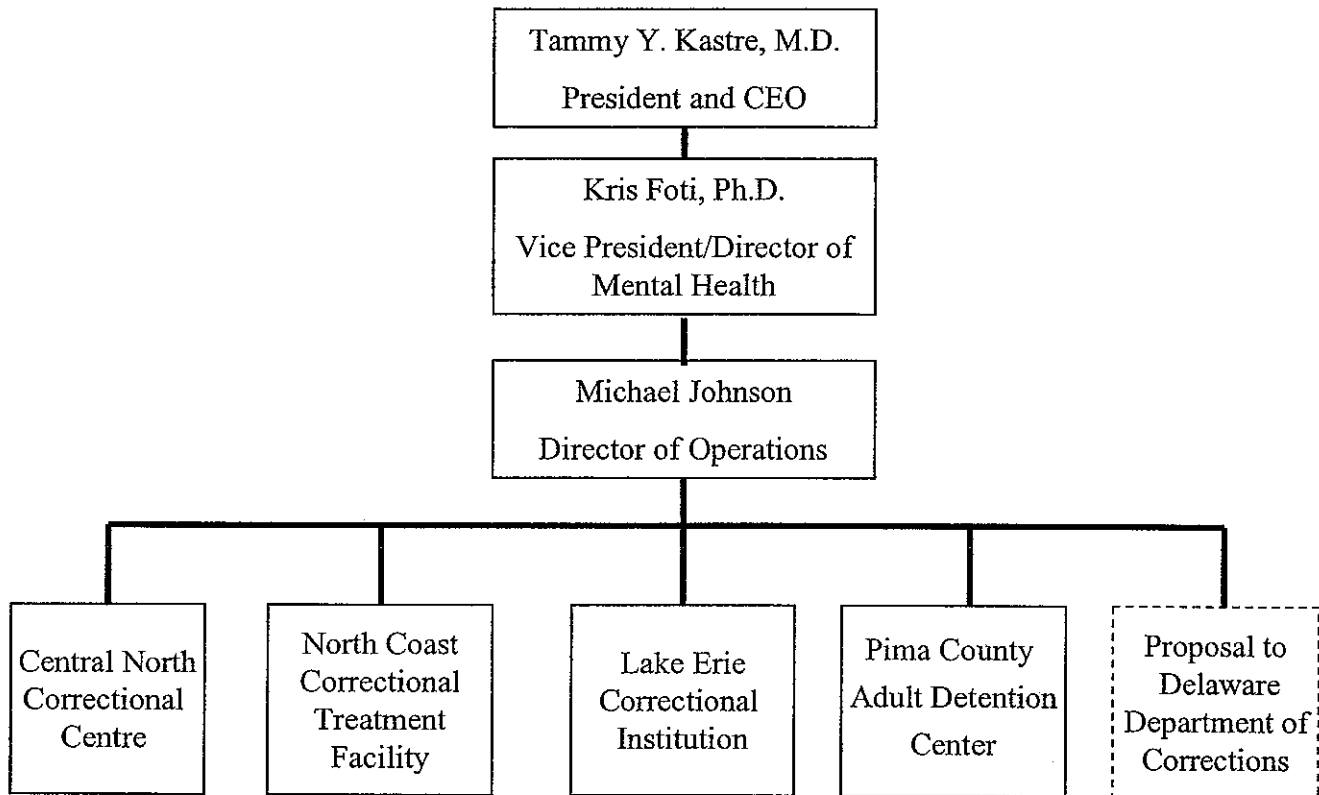
Revised 5-06-2002



\*Not all positions in all facilities

# FIRST CORRECTIONAL MEDICAL DIVISIONAL ORGANIZATIONAL CHART

Revised 5-06-2002





## FCM Policy A-20 Medical Records

<div> <div>F</div> <div>C</div> <div>M</div> </div> <div> <div>FIRST</div> <div>CORRECTIONAL</div> <div>MEDICAL</div> </div>	Policy # A-20    Pages 6 Related A.C.A. Standards: 3-4376, 3-4377, 3-4378, 3-4379 Related NCCHC Standards: P-60, P-62, P-63 Related Administrative Regulations: N/A Related DR&C Policy/Audit Standards: 113-02, 113-04, 320-05
Chapter: Health Care Subject: Medical Records	Review Date: Annually Reviewer: FCM Director, Medical Services
Warden   _____  CEO, First Correctional Medical  _____	Revisions: 1 January 2002  Effective Date: 1 July 2001

SAMPLE

I. AUTHORITY:

This policy is issued in compliance with the corporate policy of First Correctional Medical-Ohio (FCM-O) and the Ohio Revised Code 5120.38, which delegates to the warden of the North Coast Correctional Treatment Facility (NCCTF), the authority to manage all aspects of the prison.

II. PURPOSE:

To establish procedures for storing contents, transferring and maintaining confidentiality of inmate medical records at NCCTF.

III. APPLICABILITY:

To all First Correctional Medical-Ohio staff and ODRC inmates at this Facility.

IV. DEFINITIONS:

Active Medical Record - The medical record of an inmate currently incarcerated at the facility.

Bona Fide Medical Emergency - A health care situation which requires immediate action to preserve life, limb or bodily functions.

SUBJECT: MEDICAL RECORDS	PAGE 2 OF 6
CHAPTER: HEALTH CARE	POLICY NUMBER: A-20

Contract Physician - A medical doctor contracted to provide either off-site or on-site medical care to inmates. Such person will be licensed by the State as a medical doctor.

Health Services Administrator - A Registered Nurse, Family Practitioner, or person with a degree in Health Administration or Business, who serves as the on-site administrative supervisor of the Medical unit..

Inactive Medical Record - The medical record of an inmate no longer incarcerated because of discharge, parole, or transfer.

Medical Record - A written record of the actions taken in providing health care. A complete medical record must contain at a minimum sufficient information to clearly identify the inmate, the inmate's pertinent medical background, the diagnosis, treatment, and the results.

Qualified Medical Personnel - any of the herein described positions which are designated as licensed and/or registered to provide health care.

Registered Nurse (RN) - a person licensed in the State as a registered nurse.

V. POLICY:

To maintain a confidential medical record on each inmate to provide accurate, chronological documentation of inpatient and outpatient medical, dental and psychological care rendered during the period of incarceration and such a manner as to comply with all state and federal statutes and national medical and correctional standards.

VI. PROCEDURE:

A. CONTENT OF MEDICAL RECORD

A medical record will be established for each inmate at the time of his intake. The record will contain the following:

1. Problem list;
2. Complete Receiving Screen form;
3. Health Appraisal Forms (History and Physical);
4. Physicians order sheets;
5. All findings, diagnoses, treatments and dispositions;
6. Record of prescribed medications and their administration;
7. Record of laboratory, x-ray, and diagnostic studies ordered and the results there of;



SUBJECT: MEDICAL RECORDS	PAGE 3 OF 6
CHAPTER: HEALTH CARE	POLICY NUMBER: A-20

8. Signatures and titles of persons making entries/document;
9. Notation of places, dates and times of health encounters;
10. Health services reports, e.g., dental, mental health and consultation;
11. Treatment plans, including nursing care plans for inpatients;
12. Progress reports;
13. Transfer forms;
14. Discharge summaries of inpatient hospitalizations and other termination summaries;
15. Consent and/or refusal forms when appropriate for specific cases;
16. Release of information forms when appropriate for specific cases;
17. Medical records from previous incarcerations of re-commitment, if available,
18. Miscellaneous correspondence and medical pass copies;
19. Notes concerning patient's education;
20. Records and written reports concerning injuries sustained prior to admission
21. Dental Record.
22. Mental Health notes and Treatment Plans

B. Only qualified medical personnel or medical services clerical staff will collect and record date in the medical record. All findings are recorded (including notations concerning mental health, dental and consultative services) at the time of service delivery or not later than seven (7) days from time of discharge of the patient or termination of treatment. Findings not recorded at the time of service delivery will be added as "late entry."

C. CONFIDENTIALITY

1. The active health record is maintained separately from the confinement case record. Medical personnel will share with other correctional staff members only such information that has a potential impact on classification and institutional security and that, which affects the inmate's ability to participate in programs or other facility activity deemed necessary. The Health Services Administrator will control access to the medical records. A copy of communications made for classification or institutional security purposes will be filed in the medical record.
2. The release of information to anyone (including an attorney representing an inmate) regarding an inmate's health care will require the written consent of the affected inmate through the completion of an Authorization

SUBJECT: MEDICAL RECORDS	PAGE 4 OF 6
CHAPTER: HEALTH CARE	POLICY NUMBER: A-20

3. For Release of Medial Information or a notarized document containing similar information, with the exception of the following:
  - a. An order from a court of competent jurisdiction requiring the release of such record.
  - b. The exchanges of health care information essential for the continuity of the inmates's treatment or care in an outside medical facility.
  - c. The Contracting Agencies Director of Law, District Attorney, and/or attorney representing the Contracting Agency, the Corrections Department or First Correctional Medical liability insurance carriers requiring the health care information in preparation for a pending lawsuit against the Contracting Agency, the Corrections Department or First Correctional Medical.
  - d. The information is requested by the Warden or designee as essential in classification deliberations.
  - e. The information is a part of medical care evaluation or audits.
  - f. The information is used in research and education and the identity of the inmate is not disclosed.
  - g. The information is requested by a public agency responsible for health data and statistics or for other bona fide purposes, such as communicable disease control and crime statistics. Such information shall be sent without inmate identifying data
2. Any copies of the inmate's medical records that may be disseminated will have attached a clear statement regarding re-disclosure of information. The statement will read:  
 "Further re-disclosure of this information is prohibited, except as provided in state and federal law."
3. Except in cases of a bona fide medical emergency, all requests for inmate's health care information must be made in writing.
4. The inmate may request a review in writing of his medical records annually with the Health Services Administrator.

SUBJECT: MEDICAL RECORDS	PAGE 5 OF 6
CHAPTER: HEALTH CARE	POLICY NUMBER: A-20

5. At the time of parole and/or discharge from the system, the inmate will, when medically indicated, be given a brief summary of his current diagnoses and treatment. A copy of the prescription of eyeglasses may be provided if it is less than two years old. Additional information may be released only upon receipt of a properly completed release information form.
1. The inmate is responsible for the payment of routine co-pay costs as established by policy prior to copies of medical record being released/mailed for legal or insurance purpose. Copies being utilized for continuing care will not be charged to the inmate/resident.

#### B. OFF-SITE ADMISSION AND CONSULTATIONS

1. In those instances when an inmate is being admitted to an off-site facility and/or being seen in consultation with a specialist, a signed release of information form will be obtained which specifies the information to be released when the Contract Physician feels it is clinically indicated to provide detailed information.
2. A specific consultation sheet with indication of the diagnostic problems to be reviewed is to be completed to accompany the inmate when going for less extensive off-site consultations. The inmate is to be made aware that his problems are being investigated.

#### C. INACTIVE RECORDS

Inactive records will be retained as permanent records in compliance with Ohio law. Upon release of an inmate, the health record is included with the master file and retained for ten years. The files of inmates released on a maximum expiration of sentence, expiration of definite sentence or who have achieved a final release will be stored in Central Record Warehouse in Columbus, Ohio. Inmates returned on parole, furlough, as declared parole violators, or as declared furlough violators, as well as all active files, will be maintained at the North Coast Correctional Treatment Facility. Inmates who receive suspended sentences will have their file remain at the NCCTF.

#### D. TRANSFER OF INMATE HEALTH RECORDS

It shall be the responsibility of a member of the Warden's staff to generate and send a list of transferring inmates to Inmate Health Services. The record office staff will coordinate the transfer of medical files with each inmate leaving the

SUBJECT: MEDICAL RECORDS	PAGE 6 OF 6
CHAPTER: HEALTH CARE	POLICY NUMBER: A-20

facility. Medical files will travel with the inmate on the same vehicle, if possible, or an accompanying vehicle but packaged in a manner to maintain inmate confidentiality. In the event the files are not transferred with the inmate, they will be subject to a special trip to ensure timely delivery within seventy-two(72) hours.

An intra-system Transfer and Receiving Form will be completed. This will provide a brief synopsis of an inmate's medical condition to the receiving institution.

VII. MONITORING/EVALUATION:


This policy will be reviewed annually by the CEO and/or Executive Board of First Correctional Medical-Ohio.

SAMPLE



## FCM Policy A-36 Complaint Resolution

Attachment 5

	Policy Number: A - 36  Subject: Compliant Resolution  Page 1 of 2
	ACA Standard(s): 3-3-4271  NCCHC Standard(s): P-12
CEO, Medical Director:	Effective Date: November 2001  Review Date:

1. AUTHORITY:

This policy is issued in compliance with the corporate policy of First Canadian Correctional Medical, Inc. (FCCMI) and the Ministry of Correctional Services, which delegates to the Superintendent of the Central North Correctional Centre (CNCC), the authority to manage all aspects of the prison.

II. PURPOSE:

To establish parameters for FCCMI to reply to formally filed inmates complaints about health care services.

III. APPLICABILITY:

To all FCCMI and CNCC staff and inmates.

IV. DEFINITIONS:

Emergency Grievance - A grievance, if subject to the normal and customary time limits, would subject the inmate to a substantial risk of personal injury or harm.

Grievance - A written complaint concerning any single behavior or action toward an inmate by the staff or other inmates, or any condition or event within the health care unit that personally affects the inmate.

Information Complaint - An inmates expression of concern regarding health care.

Reasonable Suspicion - A suspicion that is based on documentation and articulate facts,

which together with the employee's knowledge and experience, leads to a belief that an unauthorized situation or violation of a policy or procedure exists.

V. POLICY:

FCCMI encourages the informal resolution of complaints at the lowest level. Whenever possible, resolution should be through direct contact with the staff responsible for the particular allegation or problematic area utilizing two way open communication.

FCCMI will not subject the inmates to retaliation or harassment for the use or the participation in the grievance process.

V. PROCEDURE:

- A. All procedures and paperwork will follow the Ministry of Correctional Services guidelines.
- B. Recognizing the rights of the inmates, every effort will be made to resolve the expressed complaints or concerns in a manner that encourages resolution at the lowest level possible.
- C. Inmate grievances regarding health care services will be formally tracked monthly as a part of the FCCMI Quality Management program. Any trends or patterns will be noted and reported as appropriate through the Risk Management reporting structure.

VI. RESOURCES:

VII. MONITORING/EVALUATION:

This policy will be reviewed annually by the CEO and/or Executive Board of FCCMI.



## FCM Mortality Review Form

Attachment 6



First Correctional Medical  
P.O. Box 69370  
Oro Valley, Arizona 85737-0015  
20-498-1360  
0-498-1364 Fax

# MORTALITY REVIEW

INMATE LAST NAME		FIRST	MI	INMATE NUMBER			
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		INMATE'S STATE OF RESIDENCE		DATE OF BIRTH Month Day Year		DATE OF DEATH Month Day Year	
FACILITY NAME AND ADDRESS ( CITY AND STATE)							

PLACE OF DEATH (Check one)				WAS AN AUTOPSY PERFORMED?	
<input type="checkbox"/> Housing Pod	<input type="checkbox"/> Medical Unit	<input type="checkbox"/> Observation Unit	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAUSES OF DEATH (Enter code form List of Causes below.)					
a. Primary Cause		b. Were there Secondary Causes?		<input type="checkbox"/> No (1) _____	<input type="checkbox"/> Yes, Specify (2) _____ (3) _____ (4) _____

## LIST OF CAUSES

### CARDIAC

- 01 Myocardial infarction, acute
- 02 Hyperkalemia
- 03 Pericarditis, incl. cardiac tamponade
- 04 Atherosclerotic heart disease
- 05 Cardiomyopathy
- 06 Cardiac arrhythmia
- 07 Cardiac arrest, cause unknown
- 08 Valvular heart disease
- 09 Pulmonary edema due to exogenous fluid

### VASCULAR

- 20 Pulmonary embolus
- 21 Cerebrovascular accident including intracranial hemorrhage
- 22 Ischemic brain damage/Anoxic encephalopathy
- 23 Hemorrhage from transplant site
- 24 Hemorrhage from vascular access
- 25 Hemorrhage from dialysis circuit
- 26 Hemorrhage from ruptured vascular aneurysm
- 27 Hemorrhage from surgery
- 28 Other hemorrhage
- 29 Mesenteric infarction/ischemic bowel

### INFECTION

- 40 Septicemia, due to vascular access
- 41 Septicemia, due to peritonitis
- 42 Septicemia, due to peripheral vascular disease, gangrene
- 43 Septicemia, other
- 44 Pulmonary infection (bacterial)
- 45 Pulmonary infection (fungal)
- 46 Pulmonary infection (other)
- 47 Viral infection
- 48 Tuberculosis
- 49 A.I.D.S.
- 50 Infections, other

### LIVER DISEASE

- 60 Hepatitis B
- 61 Other viral hepatitis
- 62 Liver-drug toxicity
- 63 Cirrhosis
- 64 Polycystic liver disease
- 65 Liver failure, cause unknown other

### GASTRO-INTESTINAL

- 70 Gastro-intestinal hemorrhage
- 71 Pancreatitis
- 72 Fungal peritonitis
- 73 Perforation of peptic ulcer
- 74 Perforation of bowel

### OTHER

- 80 Bone marrow depression
- 81 Cachexia
- 82 Malignant disease, patient ever on immunosuppressive therapy
- 83 Malignant disease (not 82)
- 84 Dementia Alzheimer's
- 85 Seizures
- 86 Diabetic coma, hyperglycemia, hypoglycemia
- 87 Chronic obstructive lung disease (COPD)
- 88 Complications of surgery
- 89 Air embolism
- 90 Accident related to treatment
- 91 Accident unrelated to treatment
- 92 Suicide
- 93 Drug overdose (street drugs)
- 94 Drug overdose (not 92 or 93)
- 98 Other identified cause of death, please specify: \_\_\_\_\_

Was the Inmate enrolled in Chronic Care Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Intake Date: _____	
If Yes, check one of the following:		Last PPD Date: _____ Result: _____ mm	
<input type="checkbox"/> Cardiac - HTN	<input type="checkbox"/> General Medicine	If positive history, chest x-ray date: _____	
<input type="checkbox"/> Pulmonary - Asthma	<input type="checkbox"/> Seizure Disorder	Findings: _____	
<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Diabetes Mellitus	Date of last TB S&S check list: _____	
Last Clinic Date: _____			

REMARKS

NAME OF PHYSICIAN	SIGNATURE OF PERSON COMPLETING THIS FORM	DATE
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## Mortality Review

### Intake Information:

Previous Medical History: \_\_\_\_\_

Previous Mental Health History: \_\_\_\_\_

History of drug or alcohol abuse : ☐ No ☐ Yes List substance(s) and frequency: \_\_\_\_\_

Allergies: \_\_\_\_\_ Type of reaction: \_\_\_\_\_ Food allergies: \_\_\_\_\_  
 \_\_\_\_\_

Medication(s)	Dose	Frequency	Route	Ordering Physician	Compliance Yes/No	KOP/DOT	Stop date

Consulation(s)	Type	Physician/Facility	Date	Comments

Treatments/Procedures	Type	Physician/Facility	Date	Comments

INMATE LAST NAME	FIRST	MI	INMATE NUMBER
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## Mortality Review

[illegible]

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Relevant events include:      Nurse Sick Call              Physician Visit              Chronic Care Visit              Suicide Attempt

Emergency visit to:	Medical Unit Hospital	Emergency Department Surgery	Crisis Intervention Center
---------------------	--------------------------	---------------------------------	----------------------------

INMATE LAST NAME	FIRST	MI	INMATE NUMBER
------------------	-------	----	---------------

## Laboratory Report Summary

[illegible]

EKG Date: \_\_\_\_\_ Result: \_\_\_\_\_ Read by: \_\_\_\_\_ on: \_\_\_\_\_

EKG Date \_\_\_\_\_ Result: \_\_\_\_\_ Read by: \_\_\_\_\_ on: \_\_\_\_\_

EKG Date: \_\_\_\_\_ Result: \_\_\_\_\_ Read by: \_\_\_\_\_ on: \_\_\_\_\_

## HOSPITALIZATION SUMMARY

Date of Admission \_\_\_\_\_ Admitting Diagnosis: \_\_\_\_\_ Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_ Sending Physician: \_\_\_\_\_ Sending Nurse: \_\_\_\_\_

Discharge Diagnosis: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Consulting Physician: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Consulting Physician: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Surgical Procedure: \_\_\_\_\_ ICU/CCU: \_\_\_\_\_ to: \_\_\_\_\_

INMATE LAST NAME	FIRST	MI	INMATE NUMBER

**Mortality Review**

Hospitalization Summary

[illegible]

**Summary and Correction Action:**

Medical  
Services

Summary: \_\_\_\_\_

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Corrective Action: \_\_\_\_\_

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Responsible Party and Projected Completion Date: \_\_\_\_\_

INMATE LAST NAME	FIRST	MI	INMATE NUMBER
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## Mortality Review

Summary and Correction Action:

Mental Health  
Services

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible Party and Projected Completion Date: \_\_\_\_\_  
\_\_\_\_\_

Category of Death:

- ☐ Natural Causes
- ☐ Chronic Illness - Normal Progression
- ☐ Chronic Illness with Acute Exacerbation
- ☐ Acute Illness - Less Than 24 Hours in Duration
- ☐ Acute Illness - More Than 24 Hours in Duration
- ☐ Accidental
- ☐ Homicide
- ☐ Suicide - Without Previous Suicidal History
- ☐ Suicide - With Previous Suicidal History
- ☐ Other: \_\_\_\_\_

Review Committee: \_\_\_\_\_ Dr. Tammy Kastre, CEO  
\_\_\_\_\_ Health Service Administrator  
\_\_\_\_\_ Facility Physician Provider

Review Date: \_\_\_\_\_

INMATE LAST NAME	FIRST	MI	INMATE NUMBER



## Utilization Review

Attachment 7

# Monthly Health Services Report

Facility \_\_\_\_\_

Month \_\_\_\_\_

Year \_\_\_\_\_

## I. Health Care Activity

<b>A. General Medical</b>	<b>Total</b>	<b>D. Pharmacy</b>	<b>Total</b>
1. Number of physician visits		1. Number of routine orders at unit level	
2. Number of physician assistant/nurse practitioner visits		2. Number of special orders at unit level	
3. Number of emergency visits			
<b>B. Dental</b>	<b>Total</b>	<b>E. Psychiatric</b>	<b>Total</b>
1. Total sick call requests received		Total number of:	
2. Total sick call appointments		1. Patients in treatment	
3. Total visits failed/cancelled by clinic		2. Group visits	
4. Total clinic visits with a dentist		3. Individual visits	
a. Sick call visits		4. Enforced medication	
b. Routine visits		5. Incidents involving restraints	
c. Unscheduled visits			
5. Total clinic visits by a hygienist		<b>F. Laboratory</b>	<b>Total</b>
6. Total clinic procedures		1. Total patient visits	
7. Total clinic procedures by dentist		a. Tests performed onsite	
a. Diagnostic		b. Tests sent off site	
b. Preventive			
c. Treatment:		<b>G. Radiology</b>	<b>Total</b>
1) Periodontics		1. Total diagnostic procedures	
2) Restorative		a. Tests performed onsite	
3) Endodontics		b. Tests sent of site	
4) Oral surgery			
5) Prosthodontics		<b>H. Respiratory Therapy</b>	<b>Total</b>
6) Other		1. Total number of treatments given	
8. Total clinic procedures by hygienist			
a. Preventive		<b>I. Nutritional Services</b>	<b>Total</b>
b. Treatment		1. Nutritional consultations	
1) Prophylaxis		2. Total number of therapeutic diets	
2) Gross scale/curettage			
3) Deep scale/root plane		<b>J. Vision</b>	<b>Total</b>
4) Other		Total number of:	
		1. Visual acuity exams	
<b>C. Nursing</b>	<b>Total</b>	2. Corrective lens issued	
1. Number of nursing visits			
2. Number of nursing treatments		<b>K. Emergency Medical Services</b>	<b>Total</b>
3. Administrative/disciplinary		1. Total medical emergencies	
4. Intake screenings completed		a. Ambulance/EMS response	
5. Triaging of sick call requests		b. Facility vehicle transports	
		2. Average response time (EMS)	
		3. Life Flight/Medivac Response	





## 24 Hour HSA Report

Criteria	Name	Number	Describe Event	Admit Yes No
Transfer to hospital	1.			Admit Yes No
	2			Admit Yes No
	3			Admit Yes No
Communicable Disease	1.			Notified PH Yes No
	2.			Notified PH Yes No
Suicide Attempts	1.			
Inpatient Report	1.			
	2.			
	3			

Total worked hours by job classification in last 24 hours

HSA	CNA	Medical Director	Dentist
Nursing Supervisors	Med Records Clerk	Psychiatrist	X-ray Tech
RN	Unit Secretary	NP/PA	Other
LPN	Nursing Agency	Mental Health Clinician	Total hours



## 24 Hour HSA Report

Medical Observation Room Report:

Room 1.	Name:	Number:	Admit Date:	Diagnosis:
Room 2.	Name:	Number:	Admit Date:	Diagnosis:
Room 3.	Name:	Number:	Admit Date:	Diagnosis:
Room 4.	Name:	Number:	Admit Date:	Diagnosis:
Room 5.	Name:	Number:	Admit Date:	Diagnosis:
Room 6.	Name:	Number:	Admit Date:	Diagnosis:
Room 7.	Name:	Number:	Admit Date:	Diagnosis:

1. Forward a copy to the Contract Administrator

Admin Form # \_\_\_\_\_ Approved: \_\_\_\_\_

## Nutritional Assessment Monthly Report

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
RN Dietetic Technician:				Facility:						
Number of diet referrals										
Initial assessments (a+b+c+d+e))										
a) CCC - Diabetic										
b) CCC - Cardiac / HTN										
c) CCC- General Medicine										
d) CCC- Immunosuppressed										
e) CCC - Pulmonary/Asthma										
Initial assessment - obesity										
Initial assessment - malnourished										
Number of follow up consults										
Number of nutritional classes (a+b)										
a) Individual										
b) Group										
Total units of service *										
* (7+8+14+15+ 17+19)										
<b>Process Improvement Plan</b>										
1. List 1 or 2 measurable goals per quarter and outline your action plan.										
2. Each quarter, review your goals and describe to what extent those goals were met, to include barriers, limitations, and factors that exceed expectations.										
<b>Reporting Structure</b>										
1. Submit report monthly to Quality Management - Special Needs										
2. Submit report monthly to HSA										
3. Fax report monthly to FCMI Corporate Office										

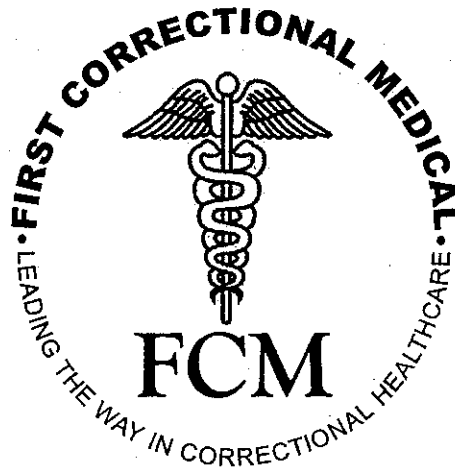


## In-service Calendar

Attachment 8

## INSERVICE CALENDAR

MONTH/YEAR	IN-SERVICE TOPIC	SECONDARY TOPIC
JANUARY 2002	INTAKE PROCEDURES	SEGREGATION ROUNDS
FEBRUARY 2002	INFORMED CONSENTS/REFUSALS	PHARMACY PROCEDURES
MARCH 2002	OUTSIDE CONSULTS	EMERGENCY SERVICES
APRIL 2002	EMPLOYEE ACCIDENT INJURY	MAR DOCUMENTATION
MAY 2002	SOAP CHARTING	
JUNE 2002	FCMI EMPLOYEE BENEFITS	
JULY 2002	SUICIDE WATCH PROCEDURES	
AUGUST 2002	ACCESS TO HEALTH CARE	
SEPTEMBER 2002	TUBERCULOSIS	
OCTOBER 2002 C.N.A., LPN, RN	AED	BASIC COMPETENCY TESTING
NOVEMBER 2002 C.N.A., LPN, RN	BLOOD GLUCOSE TESTING	BASIC COMPETENCY TESTING
DECEMBER 2002	IN-SERVICE BREAK	



FCM Policy A-24  
Pharmaceuticals

<b>F</b> <b>FIRST</b> <b>C</b> <b>CORRECTIONAL</b> <b>M</b> <b>MEDICAL</b>	Policy: A-24 Pages 12 Related A.C.A. Standards: 3-4341 Related NCCHC Standards: P-27 Related Administrative Regulations: N/A Related DR&C Policy/Audit Standards: 320-12, 319-07
Chapter: Health Care Subject: Pharmaceuticals	Review Date: Annually Reviewer: FCM Director, Medical Services
Warden  _____  CEO, First Correctional Medical  _____	Revisions: 1 January 2002  Effective Date: 1 July 2001

I. AUTHORITY:

This policy is issued in compliance with the corporate policy of First Correctional Medical-Ohio (FCM-O) and the Ohio Revised Code 5120.38, which delegates to the warden of the North Coast Correctional Treatment Facility (NCCTF), the authority to manage all aspects of the prison.

II. PURPOSE:

To provide written procedures to cover the acquisition, maintenance, storage and distribution of pharmaceuticals; and to assure conformity with all applicable federal and state regulations. To outline procedures for formulary creation, review and utilization.

III. APPLICABILITY:

To all First Correctional Medical-Ohio staff and ODRC inmates at this Facility.

IV. DEFINITIONS:

Administer – To deliver to the inmate a dose of medication.

Controlled substances – DEA designated drugs with defined abuse potential and restrictions on ordering/dispensing.

DEA – Drug Enforcement Administration

**First Correctional Medical/NCCTF Proprietary Information. Not for Redistribution.**



SUBJECT: PHARMACEUTICALS	PAGE 2 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

Dispense – To provide a supply of properly labeled sample/prescription medication to a facility.

Formulary – A written list of legend and OTC medication to be used for inmate needs; deviations from which are not prohibited but which are generally expected to be rare and isolated instances.

HSA – Health Service Administrator.

Legend Drug – Drug requiring legally authorized practitioner order for dispensing.

OTC – Over the Counter.

Contract Pharmacist – An appropriately licensed pharmacist who provides contractually or legally mandated evaluations of facility pharmaceutical services quality and regulatory compliance; may also serve as the Facility Pharmacist who provides individual inmate prescriptions.

V. POLICY:

- A. To provide proper management of pharmaceuticals and meet all inmate needs.
- B. To mandate adherence to all federal and state regulations.
- C. To minimize use of non-formulary drugs.

VI. PROCEDURES:

A. FORMULARY

- 1. A formulary will be developed by mutual consent of the facility physician, dentist, mental health providers, and the FCM Director, Medical Services, and in accordance with the ODRC drug formulary.
- 2. In the event of deviation requiring non-formulary drug use, a non-formulary drug request may be completed at the request of the Health Services Administrator (HSA) or the FCM Director, Medical Services. The Corporate Medical Director will review the non-formulary drug requests on a monthly basis. Revisions may be requested to the formulary if there is an apparent need.

SUBJECT: PHARMACEUTICALS	PAGE 3 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

## B. PURCHASING

1. All drug purchases will be initiated by authorized practitioner prescription orders, or in the case of OTC drugs, HSA authority. The Facility will maintain an account with the FCM national drug wholesaler to maximize cost-effective purchasing.
2. Nursing personnel will sign for receipt of all prescription drugs, verify accuracy of contents compared to invoice, and immediately report any discrepancies to the HSA.
3. All controlled substances will be purchased directly from the facility contract pharmacist. No direct ordering of stock controlled substances is permitted with the exception of emergency stock of limited Schedule III analgesics in unit dose (night locker), and anticonvulsant doses of injectable Phenobarbital and/or lorazepam (emergency drug box) as supplied by the facility pharmacist under the DEA number of the pharmacist, or the Facility Physician if the physician DEA number is registered to the Facility address. In the event that the facility holds its own DEA number, controlled drugs are still to be under the control of a third party.
4. Purchase of non-formulary drugs may require completion of a non-formulary drug request.
5. Stock drugs will be purchased in maximum 60 day supplies.
6. If a drug is required for immediate use, whether prescription or controlled, and cannot wait for the 24/48 hour delivery period for drug to arrive from contract pharmacy; the physician may call in the prescription to a local pharmacy. This is to be done only if the drug is not in the night locker.

## C. PRESCRIBING

1. Each prescription/medication order must contain all the following information: inmate name, date, medication name, strength, form, administration instructions, duration of prescription and authorized signature.
2. Each prescription will be noted on the individual inmate's chart.

SUBJECT: PHARMACEUTICALS	PAGE 4 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

3. Prescriptions for controlled substances will be noted and ordered in inmate chart as previously described. Hard copy/fax prescriptions by the physician will be provided to the pharmacy supplying this medication in compliance with state and Federal regulations.
4. Authority to issue prescriptions for drugs will be limited to persons authorized by state license or certification regulations.
5. Prescriptions written by off-site health care providers will be considered recommendations only, with the final prescription authority residing with the facility physician or other authorized facility practitioner.

#### D. MEDICATION ADMINISTRATION AND DISPENSING

1. The medical staff (and other persons legally permitted to administer medications who will do so at the facility) will be properly trained in medication administration, including training regarding security matters related to medications, accountability for timely carrying out of practitioner orders, recording the administration of medications, and common side effects of medications under the supervision of the Health Service Administrator and facility administrator or designee, and are responsible for providing medication to inmates in a timely manner in accordance with the provider's orders. Nurses administering medication must abide by the Nurse Practice Act and the community standard of care. Any and all prescription medication taken by inmates will be provided under the direction of Health Services Unit staff.
2. Inmates should be provided continuing medication whether on work, school release, community activity or furlough with the exception of controlled substances.
3. Medications for ambulatory inmates will be dispensed according to the following guidelines:
  - a. Health care personnel may retain the inmate container of medication, providing one dose at appropriate times (i.e. pill call) for the inmate to self administer while observed by Health Services' staff. Alternatively, the inmate may be allowed, under specific designated conditions, to carry and self-administer their own medications (KOP – keep on person medication).
  - b. For additional procedures on Medication Administration, refer to policy on Medication Administration.

SUBJECT: PHARMACEUTICALS	PAGE 5 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

4. DISPENSING OF MEDICATION

The pharmacy will dispense medication up to a maximum 90 day supply in conformance with appropriate federal and state law.

- a. Pharmacy may dispense medication on the legal order of a health care practitioner only.
- b. The drug itself should be packed in a container approved by the contract pharmacist, the HSA and the facility physician.
- c. "Stop order" time periods are required for all medication, therefore, automatic stop dates will be maintained by the pharmacy for use when a specific stop date is not specified by the prescribing health care professional.

AUTOMATIC STOP DATES ARE THE FOLLOWING:

- i. Antibiotics – 14 days (other than topical);
  - ii. Controlled substances – 72 hours;
  - iii. Muscle relaxants – 7 days; and
  - iv. Psychoactive drugs prescribed for treatment of mental-illness – 35 days.
- d. A re-evaluation will be performed by the responsible physician prior to renewal.
5. The administration of all medications will be recorded on a form approved by the medical authority and will become part of the inmate's medical record. The administration of each dose will document with respect to the date and time of administration and will be signed or initialed by the person administering the medication.
  6. All adverse drug reactions will be reported to the Health Service Administrator who will contact the original prescriber or facility physician/dentist for alternative medical recommendations.
  7. If an inmate does not pick up medication for three consecutive medication times, this should be recorded on the profile and in the medical chart, and the inmate should be referred to a health care provider for discussion on noncompliance. Should an inmate refuse a prescribed medication, the

SUBJECT: PHARMACEUTICALS	PAGE 6 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

inmate will be required to sign a referral form and then be scheduled for an interview with a qualified medical staff member. If the inmate refuses to sign the form, the form will be witnessed by a staff person other than the medical person responsible for administering the medication.

8. KEEP ON PERSON MEDICATIONS.

- a. JUVENILE RESIDENTS MAY NOT PARTICIPATE IN THE KOP PROGRAM
- b. A selected inmate must have an available lockable location in their housing area or be single-celled in order to secure their medication for KOP purposes.
- c. The facility physician and Health Service Administrator will determine which medications are made available for KOP purposes within the guidelines set forth in this policy.
- d. The prescribing practitioner must initiate the original order for the medication. If it is a desire of the practitioner that the inmate keep this medication on their person, the practitioner must state this on the medication order. KOP medication must be discontinued for security reason at the request of the Warden/Administrator or designee.
- e. An inmate is allowed to possess one prescription container (blister pack or unit dose for pills/capsules) of each medication at any one time, and all such containers will be clearly marked "KOP".
- f. An inmate who is found with more than one prescription container of a single medication in their possession, or found with unlabeled medication in their possession may have KOP privileges suspended.
- g. Medication originally issued in blister packs will be maintained in such state, and each dose removed by the inmate immediately prior to ingestion.
- h. Lost or stolen medications must be reported immediately to the Medical Department and may result in revocation of KOP privileges.

SUBJECT: PHARMACEUTICALS	PAGE 7 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

- i. When an inmate is transferred, all KOP medicines are returned to the Medical Department prior to transfer.
- j. Inmate will be required to sign a receipt for all KOP medicines issued by the Health Services Department.
- k. TO OBTAIN A RESUPPLY OF KOP MEDICATION THE INMATE MUST:

Bring the medication blisterpak to the pill call window when he gets into the blue section of the blisterpak (approximately five days before the medication runs out) and request a refill, and show proper identification to receive the medication. The medical staff will then verify the prescription and the resupply will be issued.

All OTC medications may be distributed by qualified medical staff without prior physician approval, subject to written procedures approved by the FCM medical authority.

#### THE LIST OF MEDICATIONS SPECIFICALLY EXCLUDED FROM THE KOP PROGRAM:

- + Anti Psychotics;
- + Antidepressants, including Lithium;
- + Isoniazid or other anti-tuberculosis medication;
- + Controlled substances;
- + Muscle relaxants;
- + All scopolamine-containing medicines;
- + All prescription antihistamine medications;
- + Kwell;
- + Hydrogen Peroxide, and all anti-arrhythmics;
- + Coumadin;
- + Protease inhibitors;
- + Lanoxin;
- + All Anticonvulsants.

#### E. CRUSHING OF MEDICATIONS

SUBJECT: PHARMACEUTICALS	PAGE 8 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

The individual administering the medication may make a decision to crush an individual dose. Proper documentation in the chart is required when such a determination is necessary.

1. Some medications should not be crushed. Medications not suitable for crushing include:
  - a. Enteric coated;
  - b. Time released;
  - c. Medication designated to be absorbed in the mouth such as nitroglycerin; and,
  - d. Medications with an unpleasant taste such as prednisone.
2. The physician and dentist may override all such precautions and order that any or all medication be crushed at any time by written order only.
3. Security personnel may not initiate an order for medication to be crushed.
4. When medications are crushed for administration and mixed with another vehicle, consultation with the contract pharmacist will be obtained to verify that the mixing will not lead to inactivation of the pharmaceutical.

#### F. STORAGE

AT THIS FACILITY, ALL DRUGS ARE STORED IN THE PHARMACY IN THE MEDICAL DEPARTMENT. All legend drugs will be stored single locked, except controlled substances which will be stored double locked. All storage will be in compliance with applicable Board or Pharmacy regulations regarding temperature, ventilation, refrigeration, controls and monitoring, etc.

#### G. CONTROLLED SUBSTANCES

1. All DEA scheduled drugs will be maintained in a double locked location.
2. Authority to purchase and order Schedule II drugs will be limited to the contract pharmacist and the facility physician.
3. All controlled substances will be administered in a unit dose.
4. Perpetual inventory will be kept on all DEA scheduled drugs.

SUBJECT: PHARMACEUTICALS	PAGE 9 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

- a. All DEA scheduled drugs will be inventoried at the end of each change of shift with both oncoming and off going nurse and will be recorded on the Narcotic Count Sheet.
- b. The off-going nurses will not leave the facility until the count is accurate or any inaccuracy reported to the HSA.
- c. The FCM Director, Medical Services is to be notified in writing of a discrepancy in excess of 3 dosage units.
- d. DEA scheduled drugs will be jointly inventoried at least quarterly by the contract pharmacist and the HSA.
- e. Inventory records will be maintained separately from those of noncontrolled drugs, and records will show to whom each dosage unit was dispensed or administered.

#### 5. WASTAGE OF CONTROLLED SUBSTANCES

- a. Any wastage must be witnessed and cosigned by two Health Services staff.
- b. A controlled drug should be wasted when:
  - i. An amount less than a unit quantity is ordered;
  - ii. An inmate refuses medication after it has been prepared; or,
  - iii. A dosage unit spoiled by breakage or contamination.
- c. Wastage must be recorded on the Narcotic Control sheet and must include the following information: date, inmate name, amount wasted, reason for wasting, signatures of person wasting and witness.
- d. Doses suspected of deterioration or tampering must be brought to the attention of the facility pharmacist immediately and such doses are not to be wasted by Health Services staff.
- e. Controlled drugs should generally not be provided to the inmate if they are furloughed or temporarily off the premises for any reason. It is noted that this specifically includes Schedule II, III, IV and V.
- f. In general, all controlled substances to be taken orally shall be in liquid form, crushed prior to administration, or administered "under water".



SUBJECT: PHARMACEUTICALS	PAGE 10 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

#### H. EMERGENCY SUPPLIES

Specific antidotes will be maintained for the treatment of acute drug reactions for the following:

1. Glucose will be maintained for treatment of adverse reaction to insulin.
2. Narcan will be maintained for reversal of narcotic/opiate overdose
3. Injectable Epinephrine 1:1000 will be maintained for adverse/allergic/drug/venom reactions.

#### I. RETURNS

All unused drugs are the property of FCM and should be handled in accordance with recommendations of the facility pharmacist and State law.

#### J. MEDICATIONS FOR INMATES LEAVING THE INSTITUTION

1. INMATES BEING RELEASED SHOULD BE PROVIDED WITH A QUANTITY OF NECESSARY MEDICATION SUFFICIENT FOR FIFTEEN (15) DAYS OR THE END OF THE CURRENT PRESCRIPTION, AT THE DISCRETION OF THE FACILITY PHYSICIAN. A prescription for additional medication may be issued at the discretion of the original prescriber.
2. When outside agency officials assume custody of an inmate for transportation to another location, the Facility relinquishes responsibility for the inmate's medical care. Relevant health information will be provided to the transporting officials, and a quantity of medication sufficient for dispensing prior to arrival at the destination will be provided.

#### K. INVESTIGATIONAL DRUGS WITH FCM FACILITIES.

Investigational drugs are new drugs that are solely for experimental or investigational purposes by medical experts. FCM does not allow testing of any investigational drugs on any inmates for which FCM is responsible.

1. No investigational drugs including Schedule I controlled substances are to be procured, stored or dispensed unless specifically approved by the FCM Director, Medical Services and the contracting agency for a particular inmate.

SUBJECT: PHARMACEUTICALS	PAGE 11 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

2. Relative to the US FDA Compassionate Use/Expanded Access program currently in place for treatment of malignancy or Acquired Immune Deficiency Syndrome, as well as other rare fatal diseases, such use is not construed to be investigational and is specifically permitted with the informed written consent of the inmate and prior approval from the Warden/Administrator, and Corporate Medical Director

L. PHARMACY CONSULTANT FUNCTIONS INCLUDE:

1. Perform advisory functions to medical staff on matters pertaining to choice of drugs.
2. Make recommendations concerning stock drugs to be maintained as well as contents of the first aid kits.
3. Monitor utilization and prescribing patterns to discourage in discriminate/inappropriate use of medications.
4. Review, promote adherence, and recommend revisions to policies concerning prescribed drugs and medications.
5. Assist with development and revision of the formulary.
6. Monitor drug therapy and provide educational programs as needed.
7. Develop and recommend revisions to policies and procedures governing the operation of the pharmacy services.
8. Visit the institution as contractually specified, but not less than quarterly.
9. Be responsible for reviewing all inmate medication profiles and over-the-counter drug records when necessary. The review should identify potential problems as well as actual problems.
10. Provide educational lectures and discussion concerning any aspect of therapeutics, if and when requested and staff time permits.
11. Provide appropriate support services including literature searches, journal reprints, etc.
12. Review, in cooperation with the facility physician, contract pharmacist,

SUBJECT: PHARMACEUTICALS	PAGE 12 OF 12
CHAPTER: HEALTH CARE	POLICY NUMBER: A-24

13. and the Health Service Administrator, complete accountability records for all controlled substances in the facility.

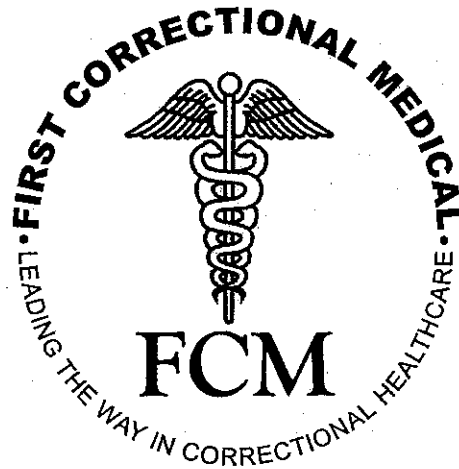
Be available to assist in representing the facility in any discussions with the Board of Pharmacy or Drug Enforcement Administration.

14. The contract pharmacist is responsible for providing individual inmate prescriptions and for maintaining utilization data on inmate prescriptions and providing such data to the HSA on a monthly basis.

VII. MONITORING/EVALUATION:

This policy will be reviewed annually by the CEO and/or Executive Board of First Correctional Medical-Ohio.

SAMPLE



FCM Policy A-7  
Emergency Medical Care

<b>F</b> <b>FIRST</b> <b>C</b> <b>CORRECTIONAL</b> <b>M</b> <b>MEDICAL</b>	Policy # A-7 Pages 4 Related A.C.A. Standards: 3-4350 Related NCCHC Standards: P-41 Related Administrative Regulations: 5120.30 Related DR&C Policy/Audit Standards: 320-01, 319-09, 320-13, 320-02, 319-06, 320-10, 310-03
Chapter: Health Care Subject: Emergency Medical Care	Review Date: Annually Reviewer: FCM Director, Medical Services
Warden  _____  CEO, First Correctional Medical  _____	Revisions: 1 January 2002  Effective Date: 1 July 2001

I. AUTHORITY:

SAMPLE

This policy is issued in compliance with the corporate policy of First Correctional Medical-Ohio (FCM-O) and the Ohio Revised Code 5120.38, which delegates to the warden of the North Coast Correctional Treatment Facility (NCCTF), the authority to manage all aspects of the prison.

II. PURPOSE:

To standardize the process for the provision of emergency treatment 24 hours a day to all inmates at the NCCTF.

III. APPLICABILITY:

To all First Correctional Medical-Ohio staff and ODRC inmates at this Facility.

IV. DEFINITIONS:

Emergency - the sudden development of a clinical problem requiring urgent evaluation and/or treatment when a delay would threaten life or bodily functions.

ED- Emergency Department

SUBJECT:EMERGENCY MEDICAL CARE	PAGE 2 OF 4
CHAPTER: HEALTH CARE	POLICY NUMBER: A-7

V. POLICY:

To provide twenty-four (24) hour emergency medical, dental and mental health care as outlined in a written plan to include arrangements for:

- A. On-site emergency first aid and crisis intervention
- B. Emergency evacuation of the inmate from the facility
- C. Use of an emergency medical vehicle
- D. Use of one or more designated hospital emergency rooms or other appropriate health facilities
- E. Emergency on-call physician, dentist, and mental health professional services, 24:7.
- F. Security procedures providing for the immediate transfer of inmates when appropriate, under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center.

VI. PROCEDURE:

- A. The Registered Nurse will assess and triage all inmate medical emergencies. All components of the clinical evaluation relevant to the inmate chief complaint will be documented and communicated to the facility provider and/or the Medical Director.
- B. The On Call Physician will authorize all referrals to the acute care Emergency Department prior to transportation and indicate the type of transport.
- C. When the injury or illness indicates a need (or potential need) for medical monitoring, medical intervention or life support during transport, an ambulance (911) or life flight transport will be utilized. If there is a life threatening situation, notify 911, attend to the patient but continue attempt to contact the physician. The Health Service Administrator and Duty Officer must also be notified, but not necessarily prior to the emergency transport.
- D. When the emergency involves circumstances where stabilization of potentially life threatening illness or injury is indicated, the closest emergency department will be utilized. For NCCTF, the emergency department is located at Elyria Memorial Hospital.
- E. The hospital emergency form will be completed in its entirety. The form will be

SUBJECT: EMERGENCY MEDICAL CARE	PAGE 3 OF 4
CHAPTER: HEALTH CARE	POLICY NUMBER: A-7

placed in a sealed envelope and given to the transport officer. The inmate name and ID number will be clearly written on the envelope. The transport officer will give the sealed envelope to the emergency department triage nurse upon arrival.

- F. Written communication as well as a verbal report to the transporting officer concerning all special instructions regarding the inmate's needs during a medical transport.
- G. An Emergency Department Trip Log will be maintained. The entries will include but not be limited to the following:
  - 1. Date and time of the transport
  - 2. Inmate number and ID number
  - 3. Reason for transport
  - 4. Name of authorizing physician
  - 5. Mode of transportation
  - 6. Disposition of inmate (admitted to hospital, returned to facility), date and time
  - 7. Signature line
- H. A Registered Nurse will screen the health status of the inmate upon return from Emergency Department (ED).
  - 1. Assessment will be documented on the Interdisciplinary Progress Note and will include, at a minimum, date and time of the evaluation, vital signs, status of any and all treatments rendered (dressing, cast, suturing) and the provision for any follow up care.
  - 2. Review the ED report and recommendations.
  - 3. The On Call Physician will be contacted regarding the ED physician's discharge recommendations including requested medication orders in a timely manner.
  - 4. Admission to the Medical Unit will be governed by the individual

SUBJECT: EMERGENCY MEDICAL CARE	PAGE 4 OF 4
CHAPTER: HEALTH CARE	POLICY NUMBER: A-7

treatment needs and requires an On Call Physician's order prior to housing in the Medical Unit.

- I. The Health Care Administrator, in conjunction with the Medical Director and Facility Physician, will retrospectively review the ED record preferably on the next business day following the ED visit. Areas of review include but not limited to the following:

1. Evaluation of nursing assessment and triage prior to the ED referral.

2. Appropriateness of the ED referral

3. Timeliness of:

- a. time the nurse was notified of the emergency
- b. time the medical evaluation is initiated
- c. time the physician was notified
- d. time the inmate was transported
- e. time the inmate was returned to the facility

4. Appropriateness of mode of transport

5. Appropriateness of the ED in relations to the needs of the inmate's medical emergency

6. Was the evaluation and care provided in the ED consistent with the reason for the referral.

- I. Monthly, the Health Service Administrator or designee will monitor ED referrals to evaluate any emergency care trends. Identification of any trending will be forwarded to Quality Management for further analysis and/or action planning.

- J.

#### VII. MONITORING AND EVALUATION:

This policy will be reviewed annually by the CEO and/or Executive Board of First Correctional Medical-Ohio.


#### VIII. ATTACHMENTS:

Emergency Assessment Form  
Emergency Department Trip Log





FCM Policy A-16  
Inventory of Instruments – Tools

 <b>FIRST CORRECTIONAL MEDICAL</b>	Policy # A-16    Pages 3 Related A.C.A. Standards: 3-4341 Related NCCHC Standards: P-28 Related Administrative Regulations: N/A Related DR&C Policy/Audit Standards: 320-12
Chapter: Health Care Subject: Inventory of Instruments/Tools, Needles, Syringes, and Surgical Blades	Review Date: Annually Reviewer: FCM Director, Medical Services
Warden  _____  CEO, First Correctional Medical	Revisions: 1 January 2002  Effective Date: 1 July 2001

I. AUTHORITY:

**SAMPLE**

This policy is issued in compliance with the corporate policy of First Correctional Medical-Ohio (FCM-O) and the Ohio Revised Code 5120.38, which delegates to the warden of the North Coast Correctional Treatment Facility (NCCTF), the authority to manage all aspects of the prison.

II. PURPOSE:

To establish procedures for the regular inventory of instruments/tools, syringes, needles and blades.

III. APPLICABILITY:

To all First Correctional Medical-Ohio staff and ODRC inmates at this Facility.

IV. DEFINITIONS:

None.

SUBJECT: INVENTORY OF INSTRUMENTS/TOOLS, SYRINGES, AND SURGICAL BLADES	PAGE 2 OF 3
CHAPTER: HEALTH CARE	POLICY NUMBER: A-16

V. POLICY:

A complete inventory of all needles/syringes and surgical blades will be conducted each working day. An ongoing inventory of all tools and instruments in use will be conducted each working day and a master inventory will be maintained. A log recording all completed inventories will be maintained. When not in use, all needles/syringes and surgical blades will be kept under maximum-security storage per ODRC policy.

VI. PROCEDURES:

- A. Each working day, entries are to be made in the daily Medical sharps Usage Log indicating the beginning balance, number of blades used, ending balance and initials of the person completing the inventory.
- B. Each working day, entries are to be made in the Daily Dental sharps Usage log indicating the beginning balance, number of blades used, ending balance and initials of the person completing the inventory.
- C. Any time additional needles/syringes or blades are received these additions are indicated in the number added column of the appropriate bulk stock log.
- D. An ongoing Instrument Count Sheet is to be done on a daily basis. The system used for the ongoing inventory is to inventory by drawer or cabinet, always maintaining instruments in the same location.
- E. A Master Inventory of all instruments in use is to be maintained in the clinic. Each month the instruments in the clinic are to be inventoried and cross checked with the maser inventory. Keeping the master inventory current includes noting additions, deletions, and signing the master instrument inventory log.

VII. MONITORING/EVALUATION:

This policy will be reviewed annually by the CEO and/or Executive Board of First Correctional Medical-Ohio.

SUBJECT: INVENTORY OF INSTRUMENTS/TOOLS, SYRINGES, AND SURGICAL BLADES	PAGE 3 OF 3
CHAPTER: HEALTH CARE	POLICY NUMBER: A-16

VIII. ATTACHMENTS:

Medical Needle, Syringe and Sharp Control Record - Bulk  
Dental Needle, Syringe and Sharp Control/Record - Bulk  
Syringe and Needle Count Sheet  
Tool Inventory

SAMPLE





**STOCK LEVEL:** \_\_\_\_\_ **REORDER LEVEL:** \_\_\_\_\_

LOG 0002







## Intake Assessment Forms



## INTAKE MENTAL HEALTH SCREENING

e:		Sex:	DOB:	Date:
				Time:
Facility:		Show serious Psychiatric Problems during prior Incarceration (circle) Yes No		
		Yes	No	
1. Hallucinations		_____	_____	If yes describe _____
2. Violent Behavior or Threats		_____	_____	_____
<b>Suicide Prevention Screening</b> (check appropriate column for each question)				
		<b>Column A YES</b>	<b>Column B NO</b>	<b>COMMENTS</b>
1. Arresting or transporting officer believes subject may be suicide risk. If yes, notify Provider on call.				
2. Lacks close family/friends in community.				
3. Experienced a significant loss within the last 6 months (loss of job, relationship, death of close family member).				
4. Worried about major problems other than legal situation (i.e. terminal illness).				
5. Family member or significant other has attempted or committed suicide (spouse, patient, sibling, close friend, lover).				
6. Has psychiatric history (note current psychotropic medical and name of most recent treatment agency).				
7. Holds position of respect in community (i.e. professional, public al) and/or alleged crime is shocking in nature. Feels embarrassment/shame. If yes, notify Provider on call.				
8. Is thinking about killing self. If yes, notify Provider on call.				
9. If yes to #8, has a suicide plan and/or suicide instrument in possession?				
10. Has previous suicide been attempted? (Check wrists and note method).				
11. Feels there is nothing to look forward to in the future (expresses feelings of helplessness and hopelessness). If yes to #10 and #11, notify Provider on call.				
12. Shows signs of depression (crying, emotional flatness).				
13. Appears overly anxious, afraid, or angry.				
14. Appears to feel unusually embarrassed or ashamed.				
15. Is acting and/or talking in a strange manner. (Cannot focus attention, hearing, or seeing things that are not there.)				
16. Is apparently under the influence of alcohol or drugs.				
17. If yes to #16, is individual incoherent or showing signs of withdrawal or mental illness? If yes to both #16 and #17, notify Provider on call.				
Total Column A: _____				
Actions: If total checks in Column A are 8 or more, notify Provider on call.				
On Call Provider notified: _____ Yes _____ Routine				
Supervision instituted: _____ Constant _____ Other				
red to: Medical Service		Mental Health Team		
_____ Yes _____ No		_____ Yes _____ No		
Emergency : Who _____ When _____		Emergency : Who _____ When _____		
_____ Non-emergency		_____ Non-emergency		
SIGNATURE AND STAMP OF SCREENING MEDICAL STAFF				

## STANDARD INTAKE SCREENING FORM

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ NUMBER \_\_\_\_\_ INTAKE DATE \_\_\_\_\_

**SECTION 1:** Medical Records brought with patient? yes no  
 Medications brought with patient? yes no  
 VITAL SIGNS:  
 BP \_\_\_\_\_ P \_\_\_\_\_ TEMP \_\_\_\_\_ R \_\_\_\_\_ WT \_\_\_\_\_

ANY OBVIOUS SIGNS OF ILLNESS OR TRAUMA? OR DEFORMITIES? YES/NO (if yes describe) \_\_\_\_\_

ANY OBVIOUS SIGNS OF ALTERED MENTAL STATUS, ALTERED APPEARANCE, OR ABNORMAL CONDUCT? YES/NO (If yes describe) \_\_\_\_\_

ANY SIGNS OF TREMORS OR SWEATING? YES /NO (If yes please describe) \_\_\_\_\_

### SECTION 2:

1. Are you currently on any medications? yes no  
 If inmate on medications, call the MD to get orders to continue/change/or stop.

MEDICATIONS & DOSES 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

2. Are you allergic to any medications? yes no  
 IF YES PLEASE LIST THE ALLERGIES AND REACTIONS \_\_\_\_\_

3. Has a Doctor told you to take pills for any illness? yes no

4. Have you been exposed to HIV? (blood transfusion etc) yes no

5. History of intravenous drug abuse? yes no

6. Visible poor skin conditions, rashes, or needle marks? yes no

IF YES PLEASE DESCRIBE \_\_\_\_\_

7. History of alcohol abuse? yes no

History of cocaine/amphetamine abuse? yes no

LAST USED \_\_\_\_\_

DESCRIBE ANY VISIBLE SIGNS OF ALCOHOL OR DRUG WITHDRAWAL \_\_\_\_\_

8. Have you ever attempted suicide? yes no

9. Are you afraid you might lose your mind or go crazy? yes no

**STANDARD INTAKE SCREENING FORM**

10. Do you have or ever had any of the following diseases?

Sexually transmitted diseases? yes no  
If yes, what \_\_\_\_\_ When \_\_\_\_\_  
Treatment \_\_\_\_\_  
Asthma? yes no  
COPD? yes no  
Heart disease? yes no  
Hepatitis? yes no  
Type \_\_\_\_\_ When \_\_\_\_\_  
Epilepsy? yes no  
Date of last seizure \_\_\_\_\_  
Chronic Cough? yes no  
High Blood Pressure? yes no  
Diabetes? yes no  
Type \_\_\_\_\_  
OTHER \_\_\_\_\_

11. Do you have any dental problems? yes no

12. Access to Health Services explained to inmate YES NO

13. If the inmate is a female and between the ages of 10-50 years a urine pregnancy test must be obtained. Positive Negative Para \_\_\_\_\_ Gravida \_\_\_\_\_  
Abortion \_\_\_\_\_ Miscarriage \_\_\_\_\_

**SECTION 3:**

1. HAVE YOU EVER BEEN TESTED FOR TUBERCULOSIS? YES NO  
IF NO THE GIVE PPD AND DOCUMENT ON IMMUNIZATION/TB CONTROL RECORD  
IF YES, CONTINUE WITH QUESTION #2

2. WAS YOUR LAST TB TEST POSITIVE OR NEGATIVE?  
IF NEGATIVE WITH NO DOCUMENTATION, ADMINISTER PPD AND DOCUMENT IN CHART ON IMMUNIZATION RECORD. IF POSITIVE, MAKE CID REFERRAL.

**COMPLETE THE CHART BELOW. DOCUMENT TREATMENT PRIOR TO ARRIVAL OR CURRENTLY BEING GIVEN IF POSITIVE.**

SYMPTOM	YES	NO	DURATION
COUGH WITH BLOOD			
COUGH W/O BLOOD			
FEVER			
NIGHT SWEATS			
LIVE W/TB CONTACT			
HX of DRUG ABUSE			
WEIGHT LOSS			
FATIGUE/MALAISE			

PLAN OF TREATMENTSTARTEDCOMPLETION DATE

CURRENT MEDICATIONS \_\_\_\_\_  
TAKEN TB MEDS IN PAST \_\_\_\_\_

**PATIENT COUNSELED REGARDING ACTIVE VS. LATENT TB AND IMMUNZATION FORM COMPLETED.  
IF INMATE HAS A POSITIVE OR NEGATIVE PPD HISTORY AND HAS COUGH, FEVER, OR NIGHT SWEATS PLACE PT IN AN N-95 MASK UNTIL PLACED IN RESPIRATORY ISOLATION AND CALL PROVIDER IMMEDIATELY.**

SIGNATURE &amp; STAMP OF INTAKE NURSING STAFF \_\_\_\_\_



# Medication Administration Record (MAR)

[illegible][illegible]





Non-Formulary Item Request Form



Inmate Name \_\_\_\_\_ Number \_\_\_\_\_

Contract \_\_\_\_\_ Date \_\_\_\_\_

**PHARMACY:**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Rationale \_\_\_\_\_

**MEDICAL SOFT GOODS:**

Item: \_\_\_\_\_ Size: \_\_\_\_\_

Alternatives therapies \_\_\_\_\_

**LABORATORY TEST:**

Test: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Rationale: \_\_\_\_\_

Provider \_\_\_\_\_ Staff completing form \_\_\_\_\_

Faxed to FCMI Corporate on: \_\_\_\_\_ at: \_\_\_\_\_ by: \_\_\_\_\_

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**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date Responded \_\_\_\_\_

**APPROVED**

**DENIED**

Suggested alternative \_\_\_\_\_

Corporate Signature \_\_\_\_\_

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**Dr. Kastre must approve all Non-Formulary Requests before the order can be filled. All completed Non-Formulary Requests will be filed with the Pharmacy Coordinator.**



## Résumés

**NORMA J. PEAL, PH.D.**  
12795 NORTH WILDLIFE AVENUE  
TUCSON, ARIZONA 85737  
520/498-1360  
FCMPEAL@EARTHLINK.NET

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## **EMPLOYMENT HISTORY**

**Director of Development**—September 2001 to present  
First Correctional Medical, Tucson, Arizona

- Oversee all elements of development of business documents for correctional health services
- Identify opportunities for business development
- Develop proposals to provide correctional health services
- Coordinate with government and community professionals to implement services
- Obtain and maintain required health services accreditations
- Negotiate contracts and other service agreements
- Implemented comprehensive services at the Pima County Jail

**Director Business Operations, Business Development Department**—June 1998 to August 2001  
WellPoint (Blue Cross of California), Camarillo, California

- Responsible for complete implementation of company's Medicaid programs in Virginia and Oklahoma
- Developed formal and informal proposals ranging from ten to one thousand pages
- Determined business development opportunities in Medicaid and similar markets
- Oversaw tracking of all business opportunities, solicitations, vendor registration, etc.
- Prepared complex narrative, financial, and other reports
- Served as final editor for nearly all products of Blue Cross of California
- Supervised project managers, writers, and support staff
- Managed network development staff for new business

**Project Development Manager**—August 1996 to June 1998 (Division moved to Texas)  
Cornell Corrections, Ventura, California

- Responsible for all proposal development for private for-profit corrections company
- Evaluated all information for bidding to design, construct, and operate a corrections programs
- Traveled extensively to evaluate potential sites and programs, and to meet individuals
- Managed development team
- Coordinated with varied professionals including architects, builders, and government officials
- Negotiated contract elements

**Adjunct Professor**—September 1990 to 2001

University of La Verne, California State University Bakersfield, and California Lutheran University

- Teach graduate, undergraduate, and extended studies students
- Classes include all areas of managing health care, public, and non-profit organizations

**Executive Director**—April 1993 to July 1996 (Institute closed)

Central California Heart Institute, Inc., Bakersfield Memorial Hospital, Bakersfield, California

- Administered all aspects of non-profit health corporation with 1995 budget of \$1.7 million and 29 employees
- Completed and executed strategic planning functions, including budgeting
- Conducted all human resources and management activities
- Served as secretary/treasurer to the board of directors
- Served as liaison to Bakersfield Memorial Hospital and the community
- Prepared complex studies, reports, and special projects for the institute and hospital

## **EMPLOYMENT HISTORY (CONTINUED)**

### **Emergency Communications Center Manager—November 1989 to March 1993**

Kern and Bakersfield Fire Departments, Bakersfield, California

- Handled all functions of state of the art 9-1-1 telephone and radio system that handles 40,000 fire and medical calls annually for 8000 square mile area serving over 500,000 people
- Revamped the organizational structure and developed extensive procedures manual

### **Executive Director—October 1984 to November 1989**

Kern Child Abuse Prevention Council, Inc., Bakersfield, California

- Administered \$500,000 budget and staff of twelve
- Received funds from state, county, United Way, foundations, and private sources

Norma J. Peal, page 2

### **Paramedic and Safety Services Representative—October 1981 to October 1984**

Hall Ambulance Service, Bakersfield, California

- Taught CPR, first aid, and safety classes for the general public and outside organizations
- Provided emergency care to the sick and injured

### **Social Services Positions in Ohio—Through October 1981**

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## **EDUCATION**

Ph.D. Public Administration (Health and Personnel)—University of Southern California

M.P.A. (Health and Personnel)—University of Southern California

M.S.A. Health Care Management—California State University Bakersfield

B.G.S. Social Services—Ohio University

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## **SELECTED PUBLICATIONS**

Ph.D. dissertation, *Limitations of Stakeholders to Adapt to Change in Turbulent Interorganizational Environments: A Study of an Emergency Medical Services System*

*The Medicine Chest*—newspaper columnist for three years

*Limitations of an EMS System to Adapt to Change in Prehospital and Disaster Medicine*

*Martins Ferry, Ohio: A History and Generative Notes*

*Drug Related Emergencies in Emergency Victim Care*, used to teach EMT classes internationally

*The Ups and Downs of Dispatching in American Fire Journal*

*Understanding Management of Non-profit*—two 1995 workbooks for State of Nevada

*Strategic Management of Nurses*—edited 1990 book by Dr. Lois Friss

*Nursing Studies Laid End* 1994 article *Journal of Health Politics and Law*—edited for Dr. Lois Friss

Kern Heavy Rescue, Inc. quarterly newsletter—writer and editor

**UNIVERSITY TEACHING EXPERIENCE--1990 TO PRESENT (SOME TITLES APPROXIMATE)**

<b>University</b>	<b>Level</b>	<b>Course</b>	<b>Time period</b>
University of La Verne	Undergraduate	Communications in Organizations	Spring 2001
California Lutheran University	Graduate	Human Resource Management	Spring 2000
University of La Verne	Graduate	Emerging Issues in Health Care Management	Winter 2000
California Lutheran University	Graduate	Human Resource Management	Fall 1999
University of La Verne	Undergraduate	Ethical Issues in Health Services Management	Fall 1998
University of La Verne	Graduate	Graduate Seminar (Thesis Preparation)	Winter 1997, fall 1996, summer 1996, spring 1998
University of La Verne	Graduate	Managing Organizations (Overview Course)	Summer 1998, spring 1997, spring 1995, winter 1992, spring 1992
University of La Verne	Graduate	Selected Topics in Health Care Administration	Fall 1997
University of La Verne	Graduate	Professional Seminar (Publication Preparation)	Winter 1996, fall 1995, summer 1997
University of La Verne	Graduate	Recent Trends and Advances in Healthcare	Fall 1996
University of La Verne	Graduate	Seminar in Organizational Theory and Behavior	Spring 1996, fall 1993
University of La Verne	Graduate	Communications in Management	Summer 1995, summer 1991
University of La Verne	Graduate	Seminar in Organizational Research	Spring 1994, summer 1995
University of La Verne	Graduate	Ethical Issues in Healthcare	Winter 1995
California State University Bakersfield	Certificate Program	Overview of the Nonprofit Sector	Spring 1993, fall 1992, fall 1991, spring 1990, winter 1994
University of Nevada Reno	Professional (Wrote Manual and Instructed Classes)	Understanding Financial Issues of Nonprofit Organizations	August 1994
University of Nevada Reno	Professional (Wrote Manual and Instructed Classes)	Understanding Management of Nonprofit Organizations	August 1994
California State University Bakersfield	Undergraduate	Public Human Resource Administration	Fall 1994
University of La Verne	Undergraduate	The Budgetary Process	Summer 1994
Golden Gate University	Graduate	Management of Nonprofit Organizations	Summer 1994
University of La Verne	Undergraduate	Current Problems in Healthcare (Final Project)	Summer 1993, spring 1993
California State University Bakersfield	Graduate	Nonprofit and Social Services Administration	Winter 1993, winter 1991
California State University Bakersfield	Graduate	Emergency Management	Spring 1991
California State University Bakersfield	Undergraduate	Public Management	Fall 1990
California State University Bakersfield	Certificate Program	Personnel Administration	Winter 1990

**RENEE MANDA, R.N., M.B.A., C.N.A.**

P.O. Box 69370

Oro Valley, Arizona 85737-0015

520-498-1360

08/01 – Present

**Area Administrator**

Renal Care Group, Phoenix, Arizona

Provides administrative oversight to 10 chronic care dialysis centers. Program manages 39% of regional treatments or 18,000 treatments per month with \$9 million annualized revenue. Promotes RCG in service, quality, and compliance.

- Competed JCAHO survey in collaboration with United Health Service contract compliance;
- Assisted clinical managers to reduce open positions by 5% in the quarter.
- Worked with pre audit teams in mock HCFA and Medicare surveys.
- CQI team leader for regional personnel file initiative.
- Team member to open 5 De Novels by September 2002.

09/99 – Present

**Director, Quality Services and Education**

As an independent contractor, manages CQI and educational aspects of contracted facilities. Responsible for RFP development and responses. Advocates FCMI's philosophy, mission and values with respect to cost, quality and services. Operational budget of \$15 million.

- Prepared facilities for NCCHA and ACA audits;
- Developed & implemented supply chain management systems for Pharmacy and Materials Management;
- Negotiated radiology, hospital and outside services contracts;
- Developed facility specific policy and procedure manuals;
- Developed Infection Control Manual based on CDC Guidelines;
- Developed and implemented outcome based Quality Management Program

08/98 – 08/99

**Director, Critical Care Services**

Casa Grande Regional Medical Center, Casa Grande, Arizona

Responsible for acute care services in a 120 licensed bed general hospital. Areas of responsibilities include ED (23,000 visits), EMS, OHS, ICU/CCU (11 beds), and Cardiac and Pulmonary Rehabilitation.

- Developed and implemented Fast Track and Occupational Health Services Fast Track captured 30% of the monthly ED visits.
- Developed business plan for the Nursing Education Department to enhance revenue by \$10,000 per year for ACLS, PALS, and CPR;
- Developed business plan and implemented Chest Pain Evaluation Unit

10/97 – 08/98

**Director Patient Care Services**

St. Bernardine Hospital, San Bernardino, California.

Contract services for CHW - Provided leadership to a 10 direct reports to include ED, EMS, OHS, Medical, Surgical, ICU/CCU, Cath Lab, Cardiac Rehab Service, Peri-operative Services, Central Service, House Supervision. Operational budget of \$220 million.

- A progressive HR program to increase retention and enhance recruitment - reduced registry from \$130,000 per month to \$15,000 per month;
- Reduce the 125 nursing open position to 6 open positions in ten months;
- Developed comprehensive business plans with San Bernardino Community Hospital to combine like services at both locations;
- Implemented an aggressive cost reduction program for paper and forms supplies to units, projected saving \$98,000.

01/91 - 07/97

**Director ICU/CCU, IV Therapy & Interim Director, Emergency Services**

Yavapai Regional Medical Center, Prescott, Arizona.

Provided supervisory, administrative, and clinical leadership for an 8-bed unit: operational and capital budget requirements; staff supervision; development, implementation and management of regulatory requirements.

- Redesigned oncology operations and expanded services to include United Blood Services and Children's Rehabilitation Services;
- Information Systems project coordinator for multi disciplinary team to plan and implement AS-400 HBOC communication system;
- Developed feasibility study for cardiac catheterization product line, to include market & site analysis, cost study, RFP development, and vendor selection;
- Project director for multi-disciplinary team to create renovation plans. Met project budget goal of \$125,000;
- Assisted base hospital coordinator on successful completion of contract with EMS agencies.

03/88 - 01/91

**ICU/CCU Supervisor**

West Calcasieu-Cameron Hospital, Sulphur, Louisiana

Responsible for day-to-day operations of a 7-bed unit.

09/83 - 12/87

**Associate Director, Pulmonary Medicine**

Lake Charles Memorial Hospital, Lake Charles, Louisiana

Developed Baromedicine unit including CQI program, policies and procedures and training program; served as coordinator and educator for the pulmonary rehabilitation program.

**Assistant Head Nurse, ICU/CCU**

Responsible for the clinical management of a 17-bed unit.

06/83 - 09/83

**Staff Registered Nurse**

Lakeland Regional Medical Center, Lakeland, Florida

Hospital nurse Float Pool.

**EDUCATION**

**Masters in Business Administration, 1997**

Western International University, Phoenix, AZ.

**Bachelor of Arts, Business Management, 1995,**

University of Phoenix, Phoenix, AZ.

**Associate Degree, Applied Science, 1983**

Illinois Valley Community College, Oglesby, IL.

**LICENSURE AND CERTIFICATION**

Registered Nurse (Arizona and Ohio)

American Heart Association – Regional Faculty Member

Certification Nursing Administration - ANA 1996

Certification in Alternate Dispute Resolution - University of Phoenix 1995

**PROFESSIONAL AFFILIATIONS**

National Commission on Correctional Health Care

Correctional Education Association

Arizona Dispute Resolution Association

American Nurses Association

Executive Board Member, Prescott Free Clinic, 1993-1995

Ralph E. Tate  
4500 Pineridge Dr.  
Stow, Ohio 44224  
(330) 923-9664

Job Objective: Administrative position utilizing my skills of setup and quality monitoring of medical systems.

### Summary of Qualification and Professional Experience

- \* Experience with a wide range of emergency situations as well as day-to-day medical maintenance and doctor assistance.
- \* Health Service Administrator responsible for start up and management of Medical, Dental, Podiatry, Ophthalmology, and Mental Health systems for state prison with respect to Ohio Department of Rehabilitation and the Ohio Bureau of Mental Health Services specifications.
- \* Quality monitoring of all clinical aspects of patient care and preparation for ACA accreditation.
- \* Responsible for day-to-day operation of medical/mental health facility including staffing, budget, inventory, cost reduction, scheduling, time management, staff development, clinical statistical analysis, quality assurance, and new contract proposals.
- \* Hands on experience with patients: Registered Nurse with CPR and AED certifications.

### Work History

2/1/00 to present: Health Service Administrator - North Coast Correctional Treatment Facility, 2000 South Avon-Beldon Rd., Grafton, Ohio 44044 (employer: Prison Health Services Inc., Brentwood, TN.)



- 7/1/96 - 2/1/00: Staff RN - Summit County Jail, 205 East Crosier St., Akron, Ohio (employer: Correctional Medical Services Inc. and Prison Health Services Inc.)
- 1982 - 1994: Inspector - Aircraft Braking Systems (K&F Industries), formerly Goodyear Aerospace Corp./Loral Systems Group 1204 Massillon Rd., Akron, Ohio

### Education, Specialized Training and Recognition

Graduate Hoban High School-Akron, Ohio - 1973  
University of Akron - completed 1 year  
Graduate Summa St. Thomas School of Nursing-Akron, Ohio - 1996  
Registered Nurse License # RN-266838  
ODRC Specialized Mental Health Training - completed 1/01

Recipient Ohio Nurses Association Outstanding Leadership Award

Recipient Summit County Sheriff Richard L. Warren Certificate of Appreciation for outstanding performance

Past President , National Student Nurses Association

**Todd R. Johnson**  
9225 N. Hampshire Drive  
Tucson, AZ 85742

<b>Education</b>	<b>Bachelor of Science, Health Science</b>	Dec. 2000
	University of West Florida	
	<b>Associate of Arts</b>	May 1997
	Navarro College	
<b>Employment</b>	<b>High School Diploma</b>	May 1995
	Mildred High School	
	<b><i>Systems Coordinator</i></b>	
	First Correctional Medical	May 2001- current
	<ul style="list-style-type: none"><li>▪ Assisted in operations for three contract start-ups</li><li>▪ Systems Coordinator at facility in Lake Erie, Ohio</li><li>▪ Responsibilities include: management, payroll, and Human Resources</li></ul>	
	<b><i>Sales Representative and Personal Trainer</i></b>	
	Pensacourt Health & Fitness	Mar 2000-Feb. 2001
	(Pensacola, Florida)	
<b>Skills</b>	<ul style="list-style-type: none"><li>▪ Consistent in maintaining 33% of total monthly sales</li><li>▪ Developing corporate outreach programs</li><li>• Responsibilities included: developing Corporate Outreach Programs, assisting in segment market research, advertising, promotions, designing wellness programs and accounting</li></ul>	
	<i>Proficient</i> in all Microsoft applications, DOS, C++, BASIC, Goldmine, HTML, Web page design	
	Typing (85 wpm)	
	Power Point presentations	
<b>Achievements/ Activities</b>	<i>Key strengths</i> include communication, public speaking and team leadership	
	University of West Florida Academic Scholarship	
	Caston Academic Scholarship, Navarro College	
	President of Baptist Student Union Ministries, Navarro College	
	Homecoming King Runner-up, Navarro College	
	Member of Phi Delta Theta fraternity	
	Member of recreational ice hockey team	
	Member of Corpus Christi rugby team	
	Member of tennis team, Navarro College	

12795 N. Wildlife Ave. (O) 520-498-1360  
Tucson, AZ 85737 (F) 520-498-1364

## Tammy Y. Kastre, M.D.

### EDUCATION:

Specialty, Emergency Medicine, July 1996-June 2006. American Board of Emergency Medicine.

Residency, Emergency Medicine, July 1992-June 1995. University Medical Center, College of Medicine, Tucson, Arizona.

M.D., July 1988-May 1992. University of Arizona School of Medicine, Tucson, Arizona.

B.S., September 1984-May 1988. Arizona State University, Phoenix, Arizona. Major: Biology.

### PRIMARY EMPLOYMENT:

President and CEO of First Correctional Medical.

First Correctional Medical Incorporated is a medical subvender for correctional medical services for the following institutions:

North Coast Correctional Treatment Facility – 550 beds

Lake Erie Correctional Institute – 1,380 beds

Central North Correctional Centre – 1,200 beds

Pima County Adult Detention Center – 1,600 beds

Medical Director – Trans Global Access – International Medical Transport Company – April 1, 2001 – Present

First Correctional Medical Association provided the contract health care for the following institutions from August 1997 to April 2000:

Bartlett State Jail - 960 beds

T. Don Hutto Correctional Facility – 500 beds

Oklahoma Department of Corrections – Official Consultant for Medical Department

### HOSPITAL BASED EMPLOYMENT:

St. Joseph's Hospital, September 1995-present. Emergency department attending.

State of Arizona, 10/97 – present. Expert witness.

Casa Grande Regional Medical Center, December 1995 – July 1997. Prehospital director (covering the majority of Central Arizona with five agencies).

Casa Grande Regional Medical Center, September 1995 – July 1997.  
Single coverage emergency department attending.

Payson Regional Medical Center, February 1994 – December 1996.  
Emergency department attending.

**PUBLICATIONS/  
RESEARCH:**

Iserson, K. and Kastre, T: "Are Emergency Departments A Medical Safety Net?" *Am J Em Med* (accepted for publication). Presented at May 1993 SAEM Conference.

Transmission electron micrographs for "Transformation of the Amphibian Oocyte into the Egg: Structural and Biochemical Events." *J of Electron Microscopy Technique* 16:202-234, 1990.

**MEDICAL  
LICENSES:**

Arizona License #22002  
California License #G080634  
Oklahoma License #21418  
Ohio License #35077962K  
Texas License #K2508  
Washington D.C. License #30464  
Current Federal DEA number #BK3896769  
Current Texas Controlled Substances number #Y0101503  
Minority Business Certification #WFSD8471N0698

**CERTIFICATIONS/  
MEMBERSHIPS:**

American Board Of Emergency Medicine: member in good standing since June 1996.

St. Joseph's Hospital: Current credentials and member in good standing.

Casa Grande Regional Medical Center: Credentials and member in good standing from September 1995 – April 2001.

Arizona Medical Association, Pima County Medical Society, Society of Correctional Physicians, American Correctional Association, American College of Emergency Physicians, Emergency Medicine Residents Association, ACLS, BLS

P.O. Box 69370  
Oro Valley, Arizona 85737-0015  
Phone: 520-498-1360

# Michael T. Johnson

## Work Experience

Nov 98 – Present      First Correctional Medical      Tucson, AZ

### Director of Operations

- Project manager for the start-up of the following facilities: Central Arizona Detention Center, Florence Correctional Center, Lake Erie Correctional Institute, North Coast Correctional Treatment Facility, Central North Correctional Centre, and Eloy Detention Center.
- Oversees and approves facility specific payroll issues, to include: use of overtime, use of holiday, vacation and sick time and scheduling conflicts.
- Maintains and monitors basic auditing tools, to include: sick call, NP, Sharp's count, and lab.
- Generates and maintains all master forms and SOPs used in the operational aspect of facility management. Responsible for all purchase orders at each facility.
- Directly responsible for the effective operation of the medical records and outside consults department in each facility.
- Acts a corporate liaison with facility ownership and management, outside vendors and providers, to ensure the effective resolution of issues or disputes.
- Monitors recruitment, interviews and hiring for all open positions at each facility. Works with Human Resources to ensure that recruiting goals are met and the proper flow of new hire information is directed to the corporate office.

Sept 97 – Nov 98      First Correctional Medical      Dallas, TX

### Administrative Assistant

- Created internal Standard Operating Procedures for the medical unit start-up phase at Jesse Dawson State Jail.
- Responsible for all weekly, monthly, and quarterly reports to the Texas Department of Criminal Justice, Corrections Corporation of America and First Correctional Medical corporate office.
- Supervises and schedules 20 – 25 employees within the medical records department, pharmacy and nursing staff RN and below.
- Developed and maintains a tracking system for all FCM employee holiday, vacation and sick time used.
- Initiated and implemented the restructuring of the payroll system resulting in an average savings of 144 hours of overtime every month.
- Utilizes MS Word abilities to create numerous forms for all logbooks.
- Implemented a system and responsible for compliance with offender off unit medical appointments.
- Successfully passed Texas Department of Criminal Justice state audits.
- Maintains a cost effective purchase order system and petty cash account.
- Responsible for maintaining all clinic files and employee records.

Jan 94 – Sep 96

U.S. Army

Vicenza, Italy

**Legal Services Supervisor**

- Responsible for office management of claims office with a budget of over \$600,000.00 serving 10,000 military and civilians.
- Provided legal administrative support to unit commanders and coordinated legal actions with installation legal office.
- Prepared and processed legal documents in preparation of courts-martial records, board proceedings, preliminary hearings, and investigations.
- Responsible for transcribing recorded dictation for court hearings, board proceedings and investigations.
- Supervised operation of legal office for peacekeeping forces while deployed to Bosnia providing wills, powers of attorney, claims services and non-judicial punishment support for unit commanders.

Feb 90 – Jan 94

U.S. Army

Fort Bragg, NC

**Legal Specialist**

- Supervised military magistrate court with a caseload of 1500 monthly.
- Drafted and filed charges with civilian courts.
- Controlled courtroom docket and arranged misdemeanor plea bargains for attorneys.
- Processed claims against the U.S. and assisted military lawyers in the interpretation of the Laws of War while deployed to Operation Desert Storm.

**Awards Received**

Good Conduct Medal (2<sup>nd</sup> Award), National Defense Service Medal, Southwest Asia Service Medal (w/ 2 Bronze Service Stars), Armed Forces Medal, Humanitarian Service Medal, Nato Medal, NCO Professional Development Ribbon, Army Service Ribbon, Overseas Service Ribbon, Kuwaiti Liberation Medal, and Senior Parachutist Badge.

**Education**

- Graduate, U.S. Army Law for Legal Supervisors, Vilseck, Germany, 1995
- Graduate, U.S. Army Senior Parachutist School, Vicenza, Italy, 1994
- Graduate, U.S. Army Claims Workshop, Aviano, Italy, 1995
- Graduate, U.S. Army Leadership Development Course, Ft Bragg, NC, 1993
- Graduate, U.S. Army Law for Legal Specialist, Indianapolis, IN, 1990

**References**

Available upon request.

Glenda Crabbe. R.N.  
P.O. Box 69370  
Oro Valley, AZ 85737-0015  
Work: 520-498-1360

## **WORK HISTORY**

Feb '02 – present: **Nursing Educator**, First Correctional Medical, Tucson, AZ  
Responsible for all new staff orientation and education, as well as the ongoing education and training of all the medical staff in multiple correctional facilities.

June '02 – present: **Case Manager/Medical Coordinator**, TransGlobal Access, Tucson, AZ  
Responsible for many levels of coordination and supervision for this company, that provides medical escorts to medically repatriate injured or ill people throughout N. America and Internationally. Also provided education for new staff as well as ongoing training for existing staff in N. America and in multiple countries overseas. Initially worked full time until recruited by the Medical Director to be full time for First Correctional Medical, so now am only part time in this capacity.

Sept '98 – June '02: **Staff Nurse ICU**, Perth District Hospital, Perth, Ontario, Canada  
Responsible for direct patient care in 4 bed rural hospital ICU. Included cardiac, trauma, orthopedic adult and pediatric patients. Also functioned as a Resource/training nurse for both newly hired and existing nurses.

Mar '97 – June '98: **Clinical Coordinator**, Cardiovascular Consultants of Nevada, Las Vegas, NV  
Responsible for the management of 11 clinical staff and daily coordination of one of 3 offices for the largest cardiology practice in Nevada, with 18 MDs. Involved in all cardiac testing, teaching/scheduling for procedures, medication/coagulation/lipid regulation and all patient phone support. Also did all new employee orientation/teaching as well as ongoing training of staff.

Jan '96 – Mar '97: **Cath Lab RN Supervisor**, Mountainview Hospital, Las Vegas, NV  
Only RN in single lab facility of brand new 140 bed acute care hospital. Responsible for set-up and start-up of diagnostic and limited interventional lab. Supervised and performed all orientation and training of new employees.

Jan '93 – Jan '96: **Cath Lab RN**, Desert Springs Hospital, Las Vegas, NV  
Functioned as both monitor/circulating RN and scrub RN in a fully diagnostic/interventional 2 lab facility. Involved in all interventional activities – PTCA, atherectomy, rotoblator, stents TEC device, and IABP, scheduled and emergent. Functioned as training/resource RN for new hires and did rotational call/emergency response.

July '90 – May '93: **Adult Flight RN**, AirEvac Aeromedical Services, Phoenix, AZ  
Pre-flight and in-flight stabilization and care of medical and trauma patients, ages one month through adult. Interfacility transfers nation-wide, majority fixed-wing airplane. Responsible for Primary care in 2 ACLS member team. (same skills as listed for Flight for Life).

Mar '97 – July '90: **Nurse Manager, ER**, Lake Mead Hospital, Las Vegas, NV  
Eight bed ER with 20 plus employees, with full management responsibilities. Member of several in house and inter-facility committees. Full 24hr/7day week responsibility and reported directly to Director of Nursing. Also functioned as Employee Health RN for entire hospital staff. Prior to promotion as Nurse Manager, was Staff RN/Charge RN in same department.

Sept '84 – Mar '87: **Flight RN**, Flight for Life, Valley Hospital, Las Vegas, NV  
Responsible for initiating pre-flight stabilization and in-flight care in aeromedical helicopter, sole medical staff, from scene and inter-facility transfers, and then frequently continuing care of patient in ER. Functioned under PHENP (Pre-Hospital Emergency Nurse Practitioner) credentials. Involved in patient care in all areas of the hospital and functioned as resource RN for all areas. Part of in-hospital cardiac arrest team and in charge of resuscitation until MD arrival. Instructor for different levels of education in community and rural areas, from BCLS/ACLS classes to paramedic and nursing classes.

Nov '82 – Sept '84: **Staff RN, ER**, Sunrise Hospital, Las Vegas, NV  
Direct patient care in 36 bed ER, including cardiac, medical, trauma, OB and pediatric patients. Prior to ER, worked as **Staff RN, ICU**, in same hospital, in 23 bed ICU with respiratory, surgical (including post CABG) neuro, medical and multi-trauma patients.

Jun '82 – Oct '82: **Staff RN, CCU**, University of Virginia Hospital, Charlottesville, VA

Direct patient care in 8 bed coronary care unit. Included care of many patients involved in investigational/study medications and treatments.

Feb '82 – June '82: **Staff RN, ICU**, Ottawa General Hospital, Ottawa, Ontario

Direct patient care in 24 bed med/surgical ICU.

Dec '79 – Dec '81: **Staff Nurse CCU**, Valley Hospital, Las Vegas, NV

Direct patient care in 8 bed coronary care unit. Relief charge RN duties.

Prior to transfer to CCU, was **Assistant Head Nurse**, IMC, same hospital.

### **EDUCATION**

Current: studying for BA Business, through NY Regents College.

Various seminars and continuing education classes/courses.

July 1990: Flight Nurse Certification, Grand Canyon University, Phoenix, AZ

Aug. '84: 500 hour Flight Nurse Training Course, Valley Hospital, Las Vegas, NV

197- 1979: Diploma in Nursing, Algonquin Community College, Ottawa, Ontario, Canada

### **AFFILIATIONS AND CERTIFICATIONS**

Member of Ontario Nurses Association.

RN licensure in Arizona, Nevada and Ontario.

ACLS/BLS and EMS instructor certification.

Previous Member of AACN, NFNA, EDNA

CEN and CCRN certifications previously.

### **SKILLS**

Vast teaching/education experience in various types of students, in both classroom and clinical/field settings. Experienced in all areas of ACLS and patient care in both adult and pediatric patients, including advanced nursing practice. Strong skills in staff supervision/nursing management with very solid inter-personal skills.



# CURRICULUM VITAE

## BIOGRAPHICAL DATA

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Name: Heeten Jayendra Desai  
Date of Birth: August 23, 1957  
Address: P.O. Box 69370, Oro Valley, Arizona,  
USA, 85737-0015

## EDUCATION

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August 1994 – December 1997  
Graduate school of public health  
University of Arizona, towards M.P.H. (not completed)  
July 1986 – December 1988  
Fellowship, Clinical Toxicology/Pharmacology  
University of Arizona, Tucson, Arizona, USA  
February 1984 – January 1986  
Emergency Medicine Residency, University Hospital of  
Jacksonville, University of Florida, Jacksonville, Florida,  
USA  
July 1981 – June 1982  
Internal Medicine Internship, Montreal General Hospital  
McGill University, Montreal, Quebec, Canada  
September 1977 – May 1981  
M.D. University of Ottawa Medical School  
Ottawa, Canada  
September 1974 – 1977  
BA Pre-Medical Arts, (Major Philosophy, Biology)  
University of Ottawa, Ottawa, Canada

## EMPLOYMENT/PROFESSIONAL APPOINTMENTS

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1997 – Present Attending Physician, Emergency Department, Carondelet  
St. Joseph's Hospital, Tucson, AZ, USA  
1997 – Present Corporate Medical Director, First Correctional Medical,  
Tucson, AZ, USA  
1991 – 1997 Assistant Professor of Clinical Surgery, Department of  
Surgery, Section of Emergency Medicine, Arizona  
Health Sciences Center, University of Arizona, Tucson,  
Arizona.

1993 – 1997	Assistant Residency Director, Section of Emergency Medicine, University of Arizona, Tucson, Arizona.
1993 – Present	Assistant Medical Director and Medical Consultant Arizona Drug and Poison Information Center Arizona Health Sciences Center
1991 – 1993	Medical Director of Urgent Care, Emergency Department, Arizona Health Sciences Center, Tucson, AZ.
1989 – 1991	Attending Physician St. Paul's Hospital, Department of Emergency Medicine, University of British Columbia, Vancouver, British Columbia, Canada.
1986 – 1988	Clinical Assistant, Department of Surgery, Arizona Health Sciences Center, University of Arizona, Tucson, Arizona
1986 – 1988	Emergency Physician, Kino Community Hospital, Tucson, Arizona.
1982 – 1983	General Practitioner, CLSC Chateauguay, Quebec, Canada.
1982 – 1983	General Practitioner, Urgences Sante, Montreal, Canada

#### MEDICAL LICENSES

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1982 – 1995	General Practice License, Quebec, Canada (Voluntarily Relinquished)
1986 – Present	Medical License, Arizona, USA (Full Unrestricted Practice)
1986 – 1988	General Practice License, Ontario, Canada (Voluntarily Relinquished)
1989 – 1991	Temporary Summit to Practice Emergency Medicine, British Columbia, Canada
1991 – 1993	Special Medical License, British Columbia, Canada (Voluntarily Relinquished)

## HONORS AND AWARDS

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2001	Recertification, American Board of Emergency Medicine
1993	Emergency Medicine, Excellence in Teaching
1990	Diplomate American Board of Emergency Medicine
1990	Diplomate American Board of Medical Toxicology
1990	Fellow Royal College of Physicians and Surgeons of Canada
1985	Chief Resident, Emergency Medicine Residency, University Hospital of Jacksonville University of Florida
1981	M.D., Magna Cum Laude, University of Ottawa, Ottawa
1977	Silver Medal, B.A., University of Ottawa
1976/1977	Dean's Honor List, University of Ottawa

## PUBLICATIONS

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### Textbooks

Chapter, "Pediatric Toxicology", Handbook of Pediatrics, editor Greg Baldwin, Little, Brown and Company, 1995

Chapter, "Lidocaine and Related Antiarrhythmias" in The Clinical Practice of Emergency Medicine, Lippincott, 1990

"Lidocaine and Related Antiarrhythmics", The Clinical Practice of Emergency Medicine, Lippincott, 1995, 2<sup>nd</sup> edition

Lidocaine and Related Antiarrhythmics", The Clinical Practice of Emergency Medicine, Lippincott, 2000, 3<sup>rd</sup> edition

Chapter, "Phosphorus and Phosphorus Compounds" in The Toxicology of Hazardous Materials, J.B. Sullivan, G. Krieger, ed., 1991

Research Report, Investigation of Potential of Flumazenil and Diazepam for Producing Cardiac Arrhythmias and Seizures in Tricyclic Antidepressant Treated Pigs (for Roche Pharmaceuticals)- Presented to FDA, 1989

#### MEDIA

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1995	Pima County Medical Society, television show, "Animal Bites and Stings" on cable access
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#### SCHOLARLY PRESENTATIONS

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##### Conferences/Presentations

Sept. 1994	North American Congress of Clinical Toxicology: Salt Lake City, Utah Poster Presentation: <u>Case Report on Protopam and Larygospasm</u>
Oct. 1989	AAPCC/CAPCC/AACT, Atlanta, Georgia. Poster Presentation: <u>The Interaction Between Flumazenil and Tricyclic Antidepressant in a Porcine Model</u>
May 1989	SAEM, San Diego, California. Platform Presentation: <u>The Use of Hyperventilation in Tricyclic Antidepressant Toxicity - Cardiac Arrhythmia in a Porcine Model</u> . Fellowship project at the University of Arizona/V.A. Medical Center, Tucson, Arizona, 1988.

## **Linda Corbin**

First Correctional Medical, P. O. Box 69370, Tucson, AZ 85737

(520) 498-1360 fcmhr@earthlink.net

Human Resources Management, drawing on more than 20 years HR generalist experience and teaching. Strong record of contributions in research and development, manufacturing, educational and nonprofit environments.

### **Primary Areas of Expertise**

- Policies and Procedures • Wages and Benefits • Recruitment • Staffing • Employee Relations
- Employment Law and Regulatory Compliance • Training • Worker's Compensation • Safety

### **Career Experience**

First Correctional Medical, Tucson, AZ

January 2002 – Present

Human resources manager for multi-national firm supplying medical services in correctional facilities.

Roberts Research Laboratory, Torrance, CA

1979 – 2001

Director of human resources, quality and contracting for aerospace explosives research, development and manufacturing firm with government prime and subcontracts.

- Developed and monitored personnel policies and procedures ensuring compliance with all government regulations, including AA/EEO, Family Leave Act, and ADA.
- Pioneered employee benefits program and was primary decision maker for health programs, leave tracking systems, and worker's compensation and safety (one reportable accident in 22 years).
- Prepared job descriptions and salary system, wrote recruitment postings for professional and skilled labor positions, and interviewed and selected candidates. Trained functional managers in interview skills
- Managed simultaneously thirty to fifty government prime and subcontracts (manufacturing and R & D) including compliance with federal and state labor requirements. Developed cost breakdown structures requiring extensive detail for cost accounting compliance.
- Designed, implemented and managed quality system equivalent to ISO-9001. Trained employees in systems and procedures. Acted as lead auditor for subcontractor compliance.

California State University, Dominguez Hills, Carson, CA

1988 – present

Adjunct professor of public administration, teaching graduate and undergraduate level courses in personnel management; compensation, staffing and appraisal; and organization theory and behavior.

- Developed curriculum and taught introductory and advanced courses in personnel management, compensation, staffing, appraisal. Emphasized regulatory compliance, recruitment and benefits administration.

Casa de los Amigos, Redondo Beach, CA

1994-1997

President, Board of Directors, of 144 units nonprofit senior housing complex.

- Instituted development of professional board of directors; developed policies and procedures for recruiting and contracting with management staff.

Lassen County Library, Susanville, CA

1974-1979

Assistant to county librarian; active on interagency personnel task force

- Responsible for countywide reference and interlibrary loan services. Participated in recruitment and staffing decisions, workload assignments and budgetary decisions. Acted as representative to interagency task force that wrote first complete county personnel ordinance. Participated in labor relations negotiations as management representative.

### **Education and Awards**

Doctoral candidate in public administration (ABD), University of Southern California. Haynes Fellow.

Master's in Public Administration, CSU Dominguez Hills. 1985. Outstanding Student.

Bachelor of Science in Public Administration, CSU Dominguez Hills, 1983. Outstanding Student

Recognition Award for paper on merit pay from California Personnel Management Association.

Panelist, Western Regional Conference of International Personnel Management Association.

## **VALERIE TENNESSEN, RN, CLNC**

1634 Summerfield St.

Camarillo, Ca. 93012

Phone / Fax (805) 987-4560

E-mail: vtennessen@adelphia.net

### **SUMMARY OF QUALIFICATIONS**

- ❖ Over 25 years of strong and diverse experience as a **REGISTERED NURSE**, including:
  - ◆ EMERGENCY DEPARTMENTS
    - SUPERVISOR
    - EDUCATOR
    - RADIO INTERFACE WITH FIELD PARAMEDICS
    - TRIAGE
  - ◆ CORRECTIONAL FACILITIES
    - STAFF NURSE / SUPERVISOR
    - MANAGER
    - EDUCATOR
  - ◆ MEDICAL PROGRAM MANAGEMENT / BUDGET ADMINISTRATION
  - ◆ MEDICAL RECORDS REVIEW FOR:
    - QUALITY ASSURANCE
    - RISK MANAGEMENT
    - APPROPRIATENESS OF CARE ISSUES
  - ◆ LITIGATION EXPERIENCE
    - DEPOSITIONS
    - COURT TESTIMONY
  - ◆ INTENSIVE CARE / CORONARY CARE
- ❖ Computer-literate in Windows-based programs

### **EDUCATION AND TRAINING**

#### **Associate of Arts Degree in Nursing**

Lower Columbia College, Longview, Washington

#### **Certified Legal Nurse Consultant**

Medical-Legal Consulting Institute, Inc. Houston, Texas

### **PROFESSIONAL LICENSURE**

Registered Nurse in the State of California

Certified Legal Nurse Consultant

### **PROFESSIONAL AFFILIATIONS**

National Alliance of Certified Legal Nurse Consultants (NACLNC)

American Association of Legal Nurse Consultants (AALNC)

American Correctional Health Services Association (ACHSA)

Emergency Nurses Association (ENA)

Camarillo Boys and Girls Club Board of Directors

Camarillo Chamber of Commerce

## **PROFESSIONAL EXPERIENCE**

2001 – Present    **OWNER AND CEO OF IMPACT CONSULTING GROUP**

As a **Certified Legal Nurse Consultant** I help attorneys to develop a thorough understanding of the medical issues in their cases by organizing the medical information and clarifying the medical issues for them.  
Please refer to my brochure for more information on my services.

2000 – Present    **COMMUNITY MEMORIAL HOSPITAL, Ventura Ca.**

**Staff / Charge Nurse ER**  
**Radiology Procedures Nurse**  
**Administrative Supervisor**  
**Quality Assurance / Quality of Care Reviewer**  
**Social Services / Utilization Review**

- ❖ Currently work in this extremely busy ER, with additional responsibility for radiology procedures including starting all IV's, sedation and monitoring of all patients requiring x-ray procedures, transfer of critical care patients, and scheduling of out-patient procedures.
- ❖ In 2-01 I accepted 2 concurrent, part-time positions. As **administrative supervisor** I am responsible for the activities of the hospital and all staff during my shift, including hospital staffing, problem solving, and serving as a resource for both in-house and outside questions and requests. When working in **Quality Assurance** I review medical records in the various disciplines and provide written reports and statistical summaries for the various medical peer review committees. I also review several areas in nursing including medication errors, sentinel events and other nurse and/or patient concerns.
- ❖ In 1-02 I was recruited and work per diem in Social Services / UR assisting patients with their discharge planning needs

1989-1999        **CALIFORNIA FORENSIC MEDICAL GROUP, Monterey, Calif.**

**Medical Program Manager**

- ❖ Responsible for setting up and administering on-site and off-site health care services for 500 inmates in both adult and juvenile facilities of Placer County Jail.
- ❖ Involved in setting up new contract sites throughout the state, as well as problem-solving in existing programs
- ❖ Assisted in hiring and training of nursing, clerical, mid-level practitioners and physicians in various contract sites
- ❖ Served as Nursing Director then Program Manager, supervising a staff of over 50 for 3 adult and 3 juvenile facilities in Ventura County, including a 32-bed infirmary at the Main Jail and a total inmate population of 1600. Credited with regaining California Medical Association (CMA) accreditation for these facilities within 1 year.
- ❖ Performed recruitment, hiring, orientation, supervising, scheduling and performance evaluations of nursing personnel and mid-level practitioners; assisted in the hiring of medical staff and mid-level practitioners and trained them in sick-call procedures.
- ❖ Managed all financial aspects of programs, appropriateness and quality of clinical services, continuity of care, and liaison between CFMG, the judicial system and various county agencies.
- ❖ Obtained and maintained CMA accreditation.
- ❖ Conducted sick call and performed physicals in the absence of the mid-level practitioner and provided vacation relief for managers and medical providers
- ❖ Conducted training in applicable standards for medical and custody personnel
- ❖ Testified in numerous court hearings, trials, and depositions.

1991-2000	ST. JOHN'S PLEASANT VALLEY HOSPITAL; Camarillo, California <b>Staff / Charge Nurse-Emergency Department</b>
1988-1989	KAISER PERMANENTE HOSPITAL; Sacramento, California <b>Staff / Charge Nurse-Emergency Department</b>
1985-1988	SEQUOIA HOSPITAL; Redwood City, California <b>Charge Nurse / Paramedic Preceptor Emergency Department</b> <b>Relief Administrative Supervisor</b>
1981-1985	MILLS HOSPITAL; San Mateo, California <b>Staff / Charge Nurse / Paramedic Preceptor Emergency Department</b>
1979-1987	SAN MATEO COUNTY JAIL, Redwood City, California <b>Staff / Charge Nurse</b>
1977-1979	STANFORD UNIVERSITY HOSPITAL, Palo Alto, California <b>Staff Nurse / Cardiovascular Intensive Care Unit</b>

References are available upon request.